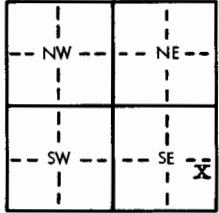


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <b>Leavenworth</b>	Fraction <b>NE 1/4 SE 1/4 SE 1/4</b>	Section number <b>22</b>	Township number <b>T 9 S R 22</b>	Range number <b>22</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1 mi. west of Lansing, Kansas</b>			3. Owner of well: <b>Mr. Hector Terron</b> R.R. or street: <b>250 Fairlane</b> City, state, zip code: <b>Lansing, Kansas 66043</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>4-30-76</u> Well depth <u>135</u> ft.	
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
				8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>PL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>	
				10. Screen: Manufacturer's name <u>NONE</u> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <u>NONE</u> Size range of material _____	
				11. Static water level: _____ mo./day/yr. <u>60</u> ft. below land surface Date <u>4-30-76</u>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>3</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade			
		15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>55</u> ft.			
		16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>South</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: _____ Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>5SLB</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>90</u> ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
(Use a second sheet if needed)				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>BREUER, INC.</u> <u>174</u> Business name License No. Address <u>Box 117 Basehor, Ks. 66007</u> Signed: <u>[Signature]</u> Date <u>4-30-76</u> Authorized representative	
18. Elevation: <u>955</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>SHOT WELL 535 GALLONS STORAGE</b>				

T-9  
 R-220  
 Sec-22  
 1/4 NE/SE/4E

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5