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

WATER WELL RECORD
KSA 82a-1201-1215

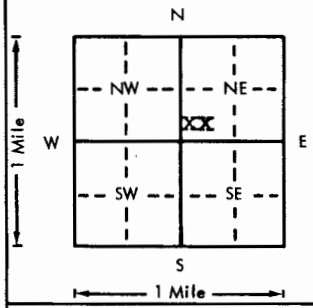
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Leavenworth	SW 1/4 ~~SW~~ 1/4 NE 1/4	22	T 9 S	R 22 E/W

2. Distance and direction from nearest town or city: 1 mile west, 3/4 miles south of Lansing, Kansas
Street address of well location if in city:

3. Owner of well: Mr. Allen Brock
R.R. or street: 1210 North 7th Street
City, state, zip code: Lansing, Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date 2-23-76
Well depth 100 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PL. Height: Above or below
Threaded ___ Welded X Surface 18 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 6 in. to 28 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .258 WT

5. Type and color of material	From	To
Sandy Top Soil - Light	0	1
Sandy Clay - Yellow	1	6
Sandstone - Yellow	6	41
Sandy Shale - Blue	41	94
Lime - White	94	95
Shale - Blue	95	100
(Use a second sheet if needed)		

10. Screen: Manufacturer's name NONE
Type ___ Dia. ___
Slot/gauze ___ Length ___
Set between ___ ft. and ___ ft.
___ ft. and ___ ft.
Gravel pack? NONE Size range of material ___

11. Static water level: mo./day/yr.
25 ft. below land surface Date 2-23-76

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1 before shot g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
X Pitless adapter 18 Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 27 ft.

16. Nearest source of possible contamination:
ft. 75 Direction NW Type Septic
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Jacuzzi
Model number 5S4B HP 1/2 Volts 220
Length of drop pipe 45 ft. capacity 10 g.p.m.
Type:
X Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation: 907
Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks:
4 GALLONS PER MINUTE AFTER SHOT
AND 1,000 GALLONS STORAGE

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.
BREUER, INC. 174
Business name License No.
Address Box 147 Basehor, Ks. 66007
Signed [signature] Date 1-6-89
Authorized representative

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

Form WWC-5

9 - 220 22 SWSWNE
T R E W Sec 1/4 1/4 1/4

MI-1023