

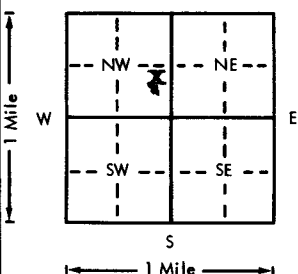
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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Leavenworth | Fraction NE 1/4 SE 1/4 NW 1/4 | Section number 34 | Township number T 9 S R | Range number 22 | (E) W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 2 miles north of Fairmount, Kansas | | | | 3. Owner of well: Mr. G. E. Schmidt R.R. or street: 9209 Pleasant Drive City, state, zip code: Parkville, Missouri | | | |
| 4. Locate with "X" in section below: Sketch map:  | | | | 6. Bore hole dia. 8 in. Completion date 4-2-76 Well depth 130 ft. | | | |
| | | | | 7. <input checked="" 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | | |
| | | | | 9. Casing: Material PL Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 130 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258 | | | |
| 5. Type and color of material | | | | From | To | 10. Screen: Manufacturer's name Vinylplex, Inc. | |
| Top Soil - Dark | | | | 0 | 3 | Type PVC Dia. _____ | |
| Clay - Yellow | | | | 3 | 20 | Slot/gauze .06 1/16 Length _____ | |
| Sandy Clay - Yellow | | | | 20 | 39 | Set between 34 ft. and 74 ft. _____ ft. and _____ ft. | |
| Gravel & Sand - Yellow | | | | 39 | 52 | Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 - 1/8 | |
| Lime - White | | | | 52 | 55 | 11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 4-2-76 | |
| Sandstone - Gray | | | | 55 | 89 | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m. | |
| Sandy Shale - Gray | | | | 89 | 130 | 13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ | |
| | | | | | | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 inches above grade | |
| | | | | | | 15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 23 ft. | |
| | | | | | | 16. Nearest source of possible contamination: ft. 200' Direction NW Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | 17. Pump: _____ Not installed Manufacturer's name NONE Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| | | | | | | 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 117 Basehor, Ks. Signed Harold A. Breuer Date 4-2-76 Authorized representative | |
| 18. Elevation: 1010 Topography: 990 <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | 19. Remarks: | | | | | |

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

Form WWC-5

BR elw = 958 9-970

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1/4 1/4 1/4 1/4

CFP