

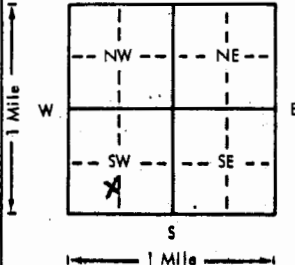
207

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

WATER WELL RECORD
KSA 82a-1201-1214

Kansas Department of Health and Environment
Water Well Construction Code
Kansas, Kansas

SE

1. Location of well:		County Leavenworth	Fraction CEL 1/4 SW 1/4 SW 1/4	Section number 2	Township number 9	Range number 12
2. Distance and direction from nearest town or city: Street address of well location if in city: City of Leavenworth				3. Owner of well: Leavenworth Sewerage R.R. or street: 127 VILAS City, state, zip code: Leavenworth, Kansas		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole diameter: _____ Completion date: 8-21-76 Well depth: 140		
5. Type and color of material		From	To	7. Cable tool _____ Driven _____ Hollow rod _____ Reverse rotary _____		
Sand - Light		0	1	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Land reclamation <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Clay - Yellow		1	9	9. Casing: Material: _____ Height Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. 258		
Broken rock - red		9	12	10. Screen: Manufacturer's name: (Slotted Pipe) Virgilplex, Inc. Type: _____ Dia. _____ Slot/gauge: 1/16 Length _____ Set between _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: 4 - 1/8		
Sandstone - Red		12	20	11. Static water level: _____ mg./day/yr. 46' ft. below land surface Date: 8-21-76		
Sandy shale - Light Yellow		20	43	12. Pumping level below land surface: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Sandstone - Grey		43	75	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Shale		75	140	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ 18 inches above grade		
(Use a second sheet if needed)				15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination: ft. _____ 300' Direction: West Type: Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name: _____ Model number: 530 HP: 1/2 Volts: 220 Length of drop pipe: 130 ft. capacity: 10 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		
18. Elevation: 912	19. Remarks:		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. Virgilplex, Inc. License No. 174 Business name: Virgilplex, Inc. License No. 85097 Address: Box 101, Leavenworth, KS Signed: Virgilplex Date: 8-21-76			

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

Form WWG-5

BR elev = 903
V = 866

Handwritten initials and marks.