

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

Corrected

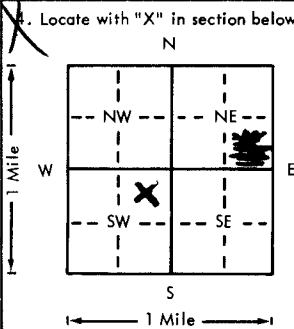
WATER WELL RECORD
KSA 82a-1201-1215

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

Young #1

Location of well: *Edwards* County: *Edwards* Fraction: *C-NE-SW* Section number: *36* Township number: *T 25 S R 19* Range number: *19* E/W

2. Distance and direction from nearest town or city: *0 Miles South 1 1/2 east Tinsley.* 3. Owner of well: *B-N Drilling Co.*
R.R. or street: *Independence, Mo.* City, state, zip code: *Independence, Mo.*

4. Locate with "X" in section below: Sketch map: 

6. Bore hole dia. *5* in. Completion date: *3-25-78*
Well depth *70* ft.

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

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

9. Casing: Material Threaded Welded Surface *1 1/2* in.
RMP PVC Weight *287.8* lbs./ft.
Dia. *5* in. to *70* ft. depth Wall thickness *2 1/2* inches
Dia. in. to ft. depth gage No. *200*

5. Type and color of material	From	To
<i>Clay</i>	<i>0</i>	<i>28</i>
<i>Sandy Clay</i>	<i>28</i>	<i>50</i>
<i>gravel</i>	<i>50</i>	<i>70</i>

10. Screen: Manufacturer's name: *Skop make*
Type: *Slot* Dia. *5*
Slot/gauge: *1/8* Length *20*
Set between *50* ft. and *70* ft.
Gravel pack? Size range of material *1/4*

11. Static water level: *8* mo./day/yr.
29 ft. below land surface Date *3-25-78*

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield *150* g.p.m.

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

14. Well head completion:
 Pitless adapter ____ inches above grade
 Well grouted? *yes*
With: Neat cement Bentonite Concrete
Depth: From *0* ft. to *12* ft.

16. Nearest source of possible contamination: *Abnr*
ft. ____ Direction ____ Type ____
Well disinfected upon completion? Yes No

17. Pump: Not installed
Manufacturer's name ____ HP ____ Volts ____
Model number ____ Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

(Use a second sheet if needed)

18. Elevation: Topography: Hill Slope Upland Valley

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.
Myers Water Well Service
Business name: *Myers Water Well Service* License No. *193*
Address: *Independence, Mo.*
Signed: *[Signature]* Date: *3-25-78*
Authorized representative

T 25 S R 19 E Sec 36

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

Form WWC-5

3-25-78