

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

Enough in area

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 <u>Johnson</u> | Fraction <u>SW 1/4 SW 1/4 SW 1/4</u> | Section number <u>16</u> | Township number <u>T 13 S R</u> | Range number <u>23 EW</u> |
| 2. Distance and direction from nearest town or city: <u>2 miles north & 2 miles west of Olathe Kansas</u> | | | 3. Owner of well: <u>Mr. Art Swank</u> R.R. or street: <u>Box 572</u> City, state, zip code: <u>Olathe, Kansas 66061</u> | | | |
| 4. Locate with "X" in section below: | | | Sketch map: | | 6. Bore hole dia. <u>8</u> in. Completion date <u>6-10-77</u> Well depth <u>80</u> 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 | |
| 5. Type and color of material | | | From | To | 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 | |
| Top Soil | | | 0 | 3 | 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>5</u> in. to <u>81</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265</u> | |
| Clay | | | 3 | 10 | 10. Screen: Manufacturer's name <u>(Slotted Pipe)</u> <u>Vinylplex, Inc.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.06 1/16</u> Length <u>10'</u> Set between <u>20</u> ft. and <u>30</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 - 1/8</u> | |
| Gravel | | | 10 | 11 | 11. Static water level: _____ mo./day/yr. <u>7'</u> ft. below land surface Date <u>6-10-77</u> | |
| Lime | | | 11 | 17 | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> g.p.m. | |
| Shale | | | 17 | 35 | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | |
| Lime | | | 35 | 39 | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade | |
| Shale | | | 51 | 54 | 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>15</u> ft. | |
| Slate | | | 54 | 55 | 16. Nearest source of possible contamination: ft. <u>75'</u> Direction <u>east</u> Type <u>creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Shale | | | 55 | 61 | 17. Pump: _____ Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>154B</u> HP <u>1</u> Volts <u>220</u> Length of drop pipe <u>75</u> ft. capacity <u>10</u> 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 | |
| Red Bed | | | 61 | 63 | | |
| Shale | | | 63 | 74 | | |
| Lime | | | 74 | 80 | | |
| (Use a second sheet if needed) | | | | | | |
| 18. Elevation: | | 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. <u>BREUER, INC.</u> <u>174</u> Business name License No. Address <u>Box 147, Basehor, Ks. 66009</u> Signed: _____ Date <u>9-27</u> | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

T 13 S R 23 EW 16 Sec 14

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

Form WWC-5