

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 Johnson	Fraction N.W. 1/4 N.W. 1/4 N.W. 1/4	Section number 109	Township number T 15 S	Range number R 22 E/W
2. Distance and direction from nearest town or city: 2 1/2 mi E			3. Owner of well: Robert Fousek		
Street address of well location if in city: Edgerton			R.R. or street: RL 194 Box		
			City, state, zip code: Edgerton, Kan.		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 1/2 in. Completion date 5-20-77	
				Well depth 60 ft. 19" to 22"	
				7. <input checked="" type="checkbox"/> Cable tool <input 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 _____ Height: Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 6 1/2 in. to 22 ft. depth, Wall Thickness: inches or Dia. _____ in. to _____ ft. depth, gage No. sch 40	
5. Type and color of material		From	To	10. Screens: Manufacturer's name _____	
soil		0	2	Type NONE Dia. _____	
shelly rock		2	5	Slot/gauze _____ Length _____	
shale		5	21	Set between _____ ft. and _____ ft. _____ ft. and _____ ft.	
lime		21	37	Gravel pack? no Size range of material _____	
shale		37	40	11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 6-20-77	
lime		40	43	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
shale		43	46	Estimated maximum yield 2 _____ g.p.m.	
lime		46	60	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 20 ft.	
				16. Nearest source of possible contamination: ft. _____ None _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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	
		(Use a second sheet if needed)			
18. Elevation:	19. Remarks:			20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	This well was drilled on new land and there was no know contamination at this time Cement work will be done when house is done			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. EDGAR SWANK 24A Business name License No. Address RH OTTAW KANS Signed Edgar Swank Date 7-3-77 Authorized representative	

T 15 S R 22 E W 10

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

Form WWC-5