

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

WRONG CO. MIAMI ?

WATER WELL RECORD
KSA 82a-1201-1215

15 24 E 29 SE 29
T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Johnson	Township name	Fraction SE$\frac{1}{4}$NE$\frac{1}{4}$SE$\frac{1}{4}$	Section number 29	Town number 15	Range number 24E
Distance and direction from nearest town or city: 2 1/2 mi. SW of Bucyrus, Kans.			3 Owner of well: John Fogel Address: 6119 Larson K. C. Mo. 64133			
Street address of well location if in city:			Date of completion 10-1-75			
Locate with "X" in section below:		Sketch map: N.		4 Well depth: 140' ft. Well diameter 8 1/2 in. (8 1/2")		
		<p>5 <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</p> <p>6 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"/> Commercial <input type="checkbox"/> Test well</p>		7 Casing: Material RMP Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. cemented Weight _____ lbs./ft. _____ 5 in. to 140 depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
				8 Screen: Manufacturer Pioneer Mfg. Co Type RMP Dia. 5" Slot/gauze see note Length 20' Set between 20 ft. and _____ ft. 140 Fittings: 4x1/8 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
2 Type and color of material		From		To		
Surface soil		0		3		
yellow clay		3		17		
sandstone		17		22		
limestone		22		32		
shale gray		32		45		
lime		45		72		
shale dk gray		72		74		
lime		74		120		
shale gray		120		136		
T.D. lime		136		140		
9 Static water level:		20 ft. below land surface Date 10-1-75				
10 Pumping level below land surfaces: not pumped		_____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 3 g.p.m.				
11 Water sample submitted:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				
12 Well head completion: capped		<input type="checkbox"/> Pitless adapter 12 inches above grade				
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 4 ft. to 18 ft.				
14 Nearest source of possible contamination:		ft. 230 Direction east Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
15 Pump: <input checked="" type="checkbox"/> Not installed		Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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				
16 Remarks: elevation 1020'		17 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. F. E. Young Drilling Co., Inc. Business name 6355 Robinhood Ln. 471 Address Marriam, ks. Signed F. E. Young Date 10-21-75 Authorized representative				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		Customer aware of regulation and agrees to install concrete slab around casing. Note: Slot size. All casing perforated with 3/32 drill from bottom of cement to bottom of well.				

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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5