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

WATER WELL RECORD
KSA 82a-1201-1215

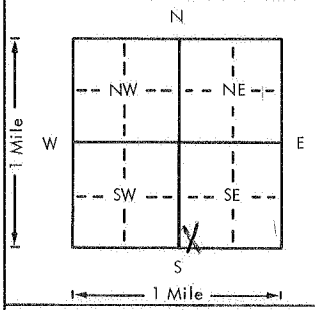
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Rooks	SW 1/4 SW 1/4 SE 1/4	15	T 10 S	R 18 E (W)

2. Distance and direction from nearest town or city: 3M. S 1 West
Street address of well location if in city: Plainville, Ks.

3. Owner of well: FRED WALLACE
R.R. or street: Rt 2
City, state, zip code: Plainville, Ks. 67663

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Topsoil	0	4
clays	4	52
fine sandstone	52	78
clay	78	81
sand	81	92
Shale	92	95

(Use a second sheet if needed)

6. Bore hole dia. 9 in. Completion date 5-23-79
Well depth 95 ft.

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

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

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded X Surface 16 in.
RMP ___ PVC X Weight 200 lbs./ft.
Dia. 5 in. to 95 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .26

10. Screen: Manufacturer's name Jet Stream
Type PVC Dia. 5
Slot ~~gauze~~ Length 10
Set between 85 ft. and 95 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 4-8

11. Static water level: mo./day/yr.
82 ft. below land surface Date 5-23-79

12. Pumping level below land surfaces:
82 ft. after 1 hrs. pumping 10 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

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

14. Well head completion:
___ Pitless adapter 16 Inches above grade

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 16 ft.

16. Nearest source of possible contamination: none
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

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

18. Elevation:
Topography:
___ Hill
___ Slope
X 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.
Kansas Water Well 199
Business name License No.
Address Stafford, Kansas
Signed Mel Karst Date 5-23-79
Authorized representative

T 10 R 18 (W) Sec 15 1/4 SW SW SE 1/4

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

Form WWC-5

MI-1023