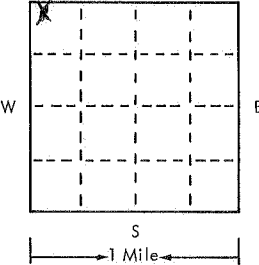


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

1018 W 16 NW NW NW  
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <b>RADKS</b>	Township name <b>PLAINVILLES</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>16</b>	Town number <b>T10S</b>	Range number <b>R18 W</b>	
Distance and direction from nearest town or city: <b>3 Miles south 2 1/2 west</b>				3 Owner of well: <b>Pete Klein</b>			
Street address of well location if in city:				Address: <b>386 S Washington PLAINVILLE KANSAS 67663</b>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <b>80</b> ft. Date of completion <b>9/25/78</b> Well diameter <b>12</b> in.	
2 Type and color of material			From	To	5 <input 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		
			<b>TOP SOIL + CLAY</b>	<b>0</b>	<b>10</b>	6 Use: <input 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 <input checked="" type="checkbox"/> <b>GIVE STOCK</b>	
			<b>SAND</b>	<b>10</b>	<b>78</b>	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. Diam. _____ Weight <b>200</b> lbs./ft. _____ <b>6</b> in. to <b>80</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			<b>BLUESHALE</b>	<b>78</b>	<b>80</b>	8 Screen: Manufacturer <b>NONE</b> Type _____ Dia. _____ Slot/gauze <b>1/16</b> Length <b>3"</b> Set between <b>65</b> ft. and <b>75</b> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>CA # 17</b>	
						9 Static water level: <b>50</b> ft. below land surface Date <b>9/25/78</b>	
						10 Pumping level below land surfaces: <b>50</b> ft. after <b>1</b> hrs. pumping <b>10</b> g.p.m. <i>Perman</i> _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>24</b> 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 <b>0</b> ft. to <b>15</b> ft.	
						14 Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input checked="" 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			17 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 under my jurisdiction and this report is true to the best of my knowledge and belief. <b>JAMES BRAS WATERWELL DRG SEND 285</b> Business name _____ License No. _____ Address <b>Box 68 RR # 2</b> Signed <b>James Bras</b> Date <b>10/2/78</b> Authorized representative				

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

Form WWC-5