

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

T R EW sec 1/4 1/4 1/4 No.

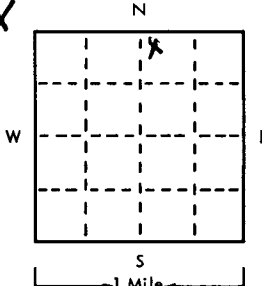
WATER WELL RECORD KSA 82a-1201-115 NW 1/4 NW 1/4 NE 1/4
~~NE 1/4 NW 1/4 NW 1/4~~

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

1 Location of well: County Ellis Township name CATHERINA ~~Section number~~ 18 Town number 115 Range number 17W

Distance and direction from nearest town or city: 10M South
Street address of well location if in city: 3E, FPLAINVILLE KS.
3 Owner of well: ROSS BEACH
Address: PLAINVILLE KS. RR #2

Locote with "X" in section below: Sketch map:



4 Well depth: 30 ft. Date of completion 11/22/78
Well diameter 12 in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well LIVESTOCK

7 Casing: Material PVC Height: above/below
Threaded Welded Surface 24 in.
Diam. 6 in. Weight 200 lbs./ft.
6 in. to 30 ft. depth Drive shoe? Yes No

2	Type and color of material	From	To
	Top Soil	0	3
	SAND	3	27
	Blue shale	27	30

8 Screen: ~~None used~~
Manufacturer PERFORATED CASING
Type _____ Dia. _____
Slot/gauze 1/16 Length 3
Set between 22 ft. and 30 ft. 10
Fittings: Gravel pack Yes No Size range of material CM 1/4

9 Static water level: 22 ft. below land surface Date 11/29/78

10 Pumping level below land surfaces:
24 ft. after 1 hrs. pumping 6 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 6 g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter 24 inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From 2 ft. to 15 ft.

14 Nearest source of possible contamination: None
ft. _____ Direction _____ Type _____
Well disinfected upon completion? Yes No

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

16 Remarks: elevation ~~OWNER~~
OWNER will finished well to STATE Requirements.

Topography:
 Hill
 Slope
 Upland
 Valley

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.
JONES BRAS WATER WELL DRG 285
Business name _____ License No. _____
Address Box 68 R R # 2
Signed James F Jones Date 12/26/78
Authorized representative

11 17W 18 NW 1/4 NE 1/4