47		VV /-	ATER WELL RE	CORD	Form \	NWC-5		32a-1212			1 VV 8-U				
$\vdash$		TER WELL:	Fraction				Se	ction Num	ber	Towns	hip Num	nber	Ra	nge Numbe	
County: F	Rooks		NW <sup>1</sup>	/4 SE	1/4	SW	1/4	22		T	7	s	R	18	
Distance a	ind direction	n from nearest t	town or city stre	et addres	s of well	if located	d within c	ity?							
			mile south of St	tockton											
2 WATER	WELL OW	NER: City of Pl	ainville												
RR#, St. A	ddress. Bo	× # : 222 W. N	dill							Board o	of Agric	ulture, D	ivision a	f Water Re	esources
City State	ZIP Code	Plainville	KS 67663							Applica	tion Nu	mber:			
3 LOCATE	E WELL'S LO	OCATION WITH	4 DEPTH OF	COMPL	ETED WI	ELL	42	ft. EL	EVATIO	N: unkno	own				
AN "X"	IN SECTIO	N BOX:	Depth(s) Gro	undwater	Encoun	tored 1	<del>!</del>		ft 2	···· Gina		ff 3			
l	N		Depth(s) Gro	IC WATE	R I EVEL	11 05	ft hel	ow land si	rface m	easured o	n mo/da	V/vr 4-1	2-05		16.
i 🕈 🗀															
_	_ NW	NE	I.												
	ı	1	Est. Yieldur												
∰ w	ı	E	Bore Hole Dia	meter		. in. to .									ft.
÷ ''	1	1	WELL WATER	TO BE USI	ED AS:	5 Pu	blic water	supply	8	Air condition	ning	11	Inject	ion well	
_	- SW	SE	1 Domestic	3 F	eedlot	6 Oi	field water	supply	9	Dewatering	3	12	2 Other	(specify bel	ow)
	IX	31	2 Irrigation	4 Ir	ndustrial	7 Do	mestic (lav	vn & garder	n) 10	Monitoring	well		To	est Well	
<u> </u>	1	i	Was a chemica	l/bacteriol	ogical sar	nole subm	nitted to De	epartment?	Yes	No	<b>√</b> 1	f ves. m	o/dav/vr	s sample v	was sub-
	S		mitted	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ogioar sai									No	
5 TYPE C	F BLANK	CASING USED:		5 Wrot	ight iron		8 Concre							Clamped	
1 Steel		3 RMP (SR)			stos-Ceme	ent	9 Other	specify belo	ow)					-	
2 PVC		4 ABS		7 Fibe								Threa	ded		
_	ina diamote		in to		•						2				
			in. to				" "	n. to	lbo /ft \					214	
			24						ibs./it. v					.214	
TYPE O	F SCREEN	OR PERFORA	TION MATERIA				7) PVC					os-cemen			
1 Stee	el	3 Stainless	steel	5 Fib	erglass		8 RMP (	SR)		11	1 Other (	specify)			
2 Bras	ss	4 Galvaniz	ed steel	6 Cor	ncrete tile		9 ABS			12	2 None u	ised (oper	hole)		
SCREEN	OR PERF	ORATION OPE	NINGS ARE:		5 Gau	zed wrapp	ed		8	8 Saw cut		11	None (or	en hole)	
1 Cor	ntinuous slot	3	Mill slot		6 Wire	wrapped			•	9 Drilled h	noles				
2 Lou	vered shutte	4	Key punched		7 Torc	h cut			1	10 Other (s	specify)				ft.
SCF	REEN-PERFOR	ATED INTERVALS:	From	30	ft	. to	40	ft., l				ft. to	)		n.
			From			. to		ft., l	E			ft. to	)		ft.
	GRAVEL	PACK INTERVA	LS: From	20		. to	45	ft., l	From			и. к	,		14.
•			From		ft	. to	· · · · · · · · · · · · · · · · · · ·	ft., I	From			ft. to	)		ft.
6 GRO	LIT MATER	IAI · 1 Noot	cement 2 Ce			Bentonite						nlua			
H 5110	OT MATER	inc. i Neat													
Grout Int	tervals: Fro	om	ft. to		ft., From		f	t. to		ft., Fro	m	0	ft. to	20	ft.
What is t	he nearest	source of possi	ble contamination	on:				10 Livesto				14 Ab	andoned	water well	
1 Sep	tic tank	4	Lateral lines		7 Pit p	orivy		11 Fuel sto	orage			15 Oil	welt/Gas	well	
2 Sew	er lines	5	Cess pool		8 Sev	age lagoo	n	12 Fertilize	er storage	•		16 Ot	ner (spec	ify below)	
3 Wat	ertight sewer	lines 6	Seepage pit		9 Fee	dyard		13 Insection	ide stora	ge	None kr	nown			
						•		Нож	many fe	at2					
	from well?	T							That is it	01:	51116		TED) (A)		
FROM	то		LITHOLOGIC L	.OG			FROM	то			PLUG	GING IN	IERVA	_8	
0	3	Topsoil													
3	5	Clay, dark br	own, hard												
5	7	Sand and gra	avel, coarse to fi	ne, loose											`
7	9	Clay, light gra	ay, hard												
9	40	Sand and gra	avel, coarse to fi	ne, loose	, clean										
40	45	Shale, black,	hard												
								1							
		1													
		1													L-d-7
								<b>-</b>							
	-							1							
											_				
7 CONTR	ACTOR'S OF	LANDOWNER'S	CERTIFICATION:	This water	er well wad	(1) con:	structed	(2) reco	nstructed	, or (3	) plugaed	une	der mv iu	risdiction and	d was
1 0011110	on (mo/da)	//vear)		4-12-0		17,551								and belief	
		's License No	185			ter Well	Record w	as comple				,	<b>4</b> -14		
											-				<b>/</b>
under the		me of Clarke V		it. Inc					by (sigr	nature)	100	110	W/		
under the	business na	me of Clarke V	Vell & Equipmer	it, Inc.	PRINT clearly	Please fill i	n blanks und	erline or circle			end top thre	e copies to	Kansas De	partment of He	ealth and