

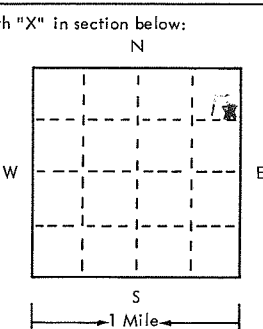
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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 ROOKS	Township name TWIN MOUND	Fraction N 1/2 E 1/4	Section number 3	Town number T-9-S	Range number R-17W
Distance and direction from nearest town or city: PLAINVILLE			3 Owner of well: JAMES O'CAMPOUGH			
Street address of well location if in city: 6 1/2 E 5 N			Address: PLAINVILLE KANSAS RR #2 67663			
4 Well depth: 80 ft. Date of completion 6-25-78 Well diameter 12 in.			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			
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"/> LIVES TOE H			7 Casing: Material PLASTIC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 2 1/2 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 80 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!			
8 Screen: None used PERFORATED Manufacturer: None CASINGS Type: PVC Dia: 5 Slot/gauze 1/2 Length: 4 inches Set between 20 ft. and 75 ft. 55 Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material CHIT			9 Static water level: 9 ft. below land surface Date 6-25-78			
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 4 g.p.m.			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
12 Well head completion: PUMP JACK <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ 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 0 ft. to 10 ft.			
14 Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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. TOVES BROS WATER WELL DRG SER Business name _____ License No. _____ Address Box 68 RR #2 985 Signed James P Jones Date 6-26-78 Authorized representative			



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