	WATI	ER WELL REC	ORD F	Form WWC	C-5 KSA 82a-	1212			
1 LOCATION OF WATER WELL					ection Number	Township	Number	Range Nur	mber
County: Rooks	NW 1/4	N// 1/4	SE	1/4	6	T 9	S	R 17	
Distance and direction from neares		· 121 1	,	Street ac	dress of well if I	ocated within c	ity?	•	***
4 miles north, 2 mm 2 WATER WELL OWNER: Bol		Plainvill	le.						
RR#, St. Address, Box # : RR	o Parker								
City, State, ZIP Code : Pla	ainwille we	67667				Board of	Agriculture, D	Division of Water	Resources
3 DEPTH OF COMPLETED WEL			notor	12	in to	Application	on Number:		
Well Water to be used as:	5 Public water		ieter	一年・・・・・ 8 Air cor				. in. to	ft.
1 Domestic 3 Feedlot	6 Oil field water	· · ·		9 Dewat	=		Injection well Other (Specify	(bolow)	
2 Irrigation 4 Industrial	7 Lawn and gar	den only		10 Obser	ation well			,	
Well's static water level 1.4	ft. below land	d surface meas	sured on .	Febr	uarymo	nth 19		av 1981	voor
Pump Test Data :		14	ft. after	2		hours pumping.		ĻO	gom
Est. Yield 15 gpm:	Well water was		ft. after			hours pumping	7		gpm
4 TYPE OF BLANK CASING USE	ED:	5 Wrought is	ron	8 Con	crete tile	Casing	Joints: Glued	Clamped	
1 Steel 3 RMF	P (SR)	6 Asbestos-	Cement		r (specify below)			d	
2 PVC 4 ABS		7 Fiberglass					Thread	ded	
Blank casing dia 6	· in. to12	ft., Dia		in	. to	ft., Dia	<i></i>	in. to	ft.
Casing height above land surface.	24	in., weig	ht						
	YPE OF SCREEN OR PERFORATION MATERIAL:		- m.,		7 PVC		10 Asbestos-cement		
	nless steel	5 Fiberglass		8 RMP (SR)		11 Other (specify)			
Screen or Perforation Openings Are	anized steel	6 Concrete t		9 A I wrapped			one used (ope		
	3 Mill slot		6 Wire wr			8 Saw cut		11 None (open	hole)
	• • • • • • • • • • • • • • • • • • • •		7 Torch c			9 Drilled holes 0 Other (specify)			
Screen-Perforation Dia 6					to	t Dia	ту)		
Screen-Perforated Intervals: Fro	m12	ft to	22	111	ft From	· · · · It., Dia .	4	in to	
Fro	m	ft to			ft From	• • • • • • • • • • • • • • • • • • • •	π. το	• • • • • • • • • • • • • • • • • • • •	ft.
Gravel Pack Intervals: From	m	ft to	55.		ft From	• • • • • • • • • • • • • • • • • • • •	II. 10	• • • • • • • • • • • • • • • • • • • •	It.
Fro									1
GROUT MATERIAL: 1 Ne	eat cement	2 Cement gro							
Prouted Intervals: From	ft. to 10	ft., Fro	om		ft. to	ft. From		ft to	· · · · · · · · · · · · · · · · · · ·
Vhat is the nearest source of possi	ible contamination:				10 Fuel st			andoned water w	
1 Septic tank 4 C	ess pool	7 Sew	7 Sewage lagoon			11 Fertilizer storage		15 Oil well/Gas well	
2 Sewer lines 5 S	5 Seepage pit		8 Feed yard			12 Insecticide storage		16 Other (specify below)	
	it privy		stock pens		13 Waterti	ght sewer lines			
)irection from well ea.s	t How	many feet	500	O	? Water W	/ell Disinfected?	YesX	No	
Vas a chemical/bacteriological sam	ple submitted to Dep	artment? Yes			No .		Х	: If ves. date	sample 🌓
as submitted	month	day		year:	Pump Installed?	? Yes	N	o X	
Yes: Pump Manufacturer's name.	• • • • • • • • • • • • • • • • • • • •		1	Model No.		HP		Volts	
epth of Pump Intake			. ft.	Pumps Ca	pacity rated at				gal./min.
The er barrier	THOISIDIC Z	TUIDITE		Jel	4 Centrii	uqai 5 i	Heciprocating	6 Oth	er IC
CONTRACTOR'S OR LANDOW	NER'S CERTIFICATI	ON: This wate	er well was	(1) const	ructed, (2) recon	structed, or (3)	plugged unde	r my jurisdiction	and was
ompleted on Febru	ary	. month	ду		day				year
nd this record is true to the best of	T my knowledge and	belief. Kansas	Water We	Contract	or's License No.		<u> </u>		
his Water Well Record was compleame of Jones Brothers	: Water Wall	Service			/ /	2 / 1 /		. year under the	business
1	FROM TO		THOLOGIC	(signature	FROM	<i>Л. ХО</i>	res	HOLOGIC LOC	
WITH AN "X" IN SECTION	0 12		top so		1 / COVI	10	LIII	HOLOGIC LOG	——————————————————————————————————————
BOX:	12 18	_		grave	L	1			
N	18 22		lue sh		-				
						 			
NW NE									
w i i E									1
7 1 7 1									
SW SE									, is
<u>†</u>									
1 Mile									1
LEVATION: level									7
epth(s) Groundwater Encountered	1 ¹ 2ft. 2	ļ8 f t.	3	<u> ft. </u> 4	ft.	(Use a	second sheet	t if needed)	
VSTRUCTIONS: Use typewriter or b	all point pen please	nress firmly an	d PRINT of	learly Plac	so fill in blanks	undarlina ar aira	la Alaa		p three
opies to Kansas Department of Healt stain one for your records.	arana Environiment, D	INIDIO I OI EUNITO	אווופרונ, Wa	ater Well C	untractors, Lopek	ка, КS 66620. Se	end one to WA	TER WELL OWN	ER and