

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

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County <u>ROCKS</u> Fraction <u>SW 1/4 SW 1/4 SW 1/4</u> Section number <u>16</u> Township number <u>T 9 S R 17</u> Range number <u>17</u> NW	
2. Distance and direction from nearest town or city: <u>PLAINVILLE</u> Street address of well location if in city: <u>4 M EAST 2 MILE NORTH</u>	
3. Owner of well: <u>TRACY THOMPSON</u> R.R. or street: <u>RR # 2</u> City, state, zip code: <u>PLAINVILLE KANSAS 67663</u>	
4. Locate with "X" in section below: Sketch map:	
6. Bore hole dia. <u>12</u> in. Completion date <u>9/20/78</u> Well depth <u>100</u> ft.	
7. 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	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>6</u> in. to <u>102</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>D. 280</u>	
5. Type and color of material	
	From To
<u>CLAY & ROCK</u>	<u>0</u> <u>20</u>
<u>GREEN SAND</u>	<u>20</u> <u>60</u>
<u>WHITE ROCK & SAND</u>	<u>60</u> <u>80</u>
<u>BLUE SHALE</u>	<u>80</u> <u>95</u>
10. Screen: Manufacturer's name <u>NONE</u> <u>USE PRE-FORMED CASING</u> Type <u>PVC</u> Dia. <u>6</u> Slot/gauze <u>1/16</u> Length <u>3</u> Set between <u>60</u> ft. and <u>80</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>C M #</u>	
11. Static water level: <u>50</u> ft. below land surface Date <u>9/20/78</u>	
12. Pumping level below land surfaces: <u>50</u> ft. after <u>1</u> hrs. pumping <u>8 a.m.</u> g.p.m. <u>11/25</u> # Pic. <u>8</u> ft. after <u>1</u> hrs. pumping <u>8</u> g.p.m. Estimated maximum yield <u>8</u> g.p.m.	
13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> Date	
14. Well head completion: <u>Pitless adapter</u> <u>24</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.	
16. Nearest source of possible contamination: <u>NONE</u> Direction <u>NONE</u> Type <u>NONE</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>OWNER WILL FINISH WELL TO STATE REQUIREMENTS</u>
20. 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. <u>LEWIS BROS WATERWELL DRILLERS</u> Business name <u>Box 68 RR # 2 Plainville 275</u> License No. <u>10/4/78</u> Address <u>Yarnell F. Yarnell</u> Date <u>10/4/78</u> Signed <u>Yarnell F. Yarnell</u> Authorized representative	

T 9 S R 17 NW 1/4 1/4 1/4 1/4 SUBSURV

Forward the white, blue and pink copies to the Department of Health and Environment