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

WATER WELL RECORD
KSA 82a-1201-1215

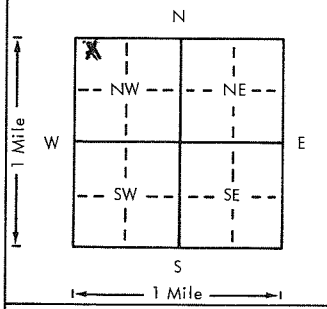
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Rooks	NW 1/4 NW 1/4 NW 1/4	21	T 9 S	R 17 E/W

2. Distance and direction from nearest town or city: Plainville
Street address of well location if in city: 4 Mile EAST 2 Mile North

3. Owner of well: Tracy Thompson
R.R. or street: RR#2
City, state, zip code: Plainville Kans 67663

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 12 in. Completion date 7/15/78
Well depth 100 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below
Threaded ____ Welded ____ Surface 24 in.
RMP ____ PVC X Weight 200 lbs./ft.
Dia. 6 in. to 100 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 0.280

10. Screen: Manufacturer's name Nonee
Used Perforated Casing
Type PVC Dia. 6
Slot/gauze 1/16 Length 3"
Set between 60 ft. and 80 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material CLM

11. Static water level: mo./day/yr.
50 ft. below land surface Date 9/8/78

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 7 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 24 Inches above grade

15. Well grouted? X
With: __ Neat cement X Bentonite X Concrete
Depth: From 6 ft. to 15 ft.

16. Nearest source of possible contamination: None
ft. ____ Direction ____ Type
Well disinfected upon completion? ____ Yes X No

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

5. Type and color of material

	From	To
Clay & Rock	0	20
Green Sand Stone	20	60
White Rock & Sand	60	80
Blue Shale	80	100

(Use a second sheet if needed)

18. Elevation:

Topography:
X Hill
__ Slope
__ Upland
__ Valley

19. Remarks:
Owner will finish well to State Requirements

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.
Jones Bros Water Well Drlg Svc 285
Business name License No.
Address Box 68 RR#2
Signed Jamie P Jones Authorized representative Date 10/4/78

T 9 R 17 E/W Sec 21 1/4 NW 1/4 NW 1/4

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

Form WWC-5

MI-1023