

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 N PLAINVILLE	Fraction SE 1/4 SE 1/4 34 8	Section number 48	Town number T-9-5	Range number R-18-W
2 Distance and direction from nearest town or city: Street address of well location if in city: 5 NW PLAINVILLE				3 Owner of well: Address: C R WILKINSON RT 1 PLAINVILLE KS.			
Locate with "X" in section below: N W E S 1 Mile			Sketch map:			4 Well depth: 43 ft. Date of completion 6-18-78 Well diameter 12 in.	
2 Type and color of material			From	To	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		
CLAY			0	4	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"/> LIVESTOCK		
SAND			4	25	7 Casing: Material PLASTIC Height: <input type="checkbox"/> Above <input type="checkbox"/> Below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. _____ Weight _____ lbs./ft. _____ 6 in. to 43 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
COURSE SAND			25	37	8 Screen: NONE USED PER FORATED CASING Manufacturer _____ Type PVC Dia. 6 Slot/gauze 1/8 Length 14 inches Set between 34 ft. and 42 ft. 8 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4 to 1/2		
WHITE CLAY			37	42	9 Static water level: 34 ft. below land surface Date 6-17-78		
BLUE SHALE			42	43	10 Pumping level below land surfaces: 35 ft. after 1 hrs. pumping 8 g.p.m. 25 lb. of Pump pressure _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 g.p.m.		
OWNER WILL COMPLETE WELL TO STATE REQUIREMENTS					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 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 12 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					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. Jones Bros Water Well 285 Business name _____ License No. _____ Address Box 68 RR #2 Signed Jones F Jones Date 6-18-78 Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5