

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

SE 1/4 SE 1/4 S W 1/4

1 Location of well: County ROCKS Township name PLAINVILLE Fraction ~~1/4 1/4~~ Section number 35 Town number T95 Range number R18-W

Distance and direction from nearest town or city: 1 mile S of Twp Plainville Street address of well location if in city: \_\_\_\_\_  
3 Owner of well: LYLE DAWNING Address: PLAINVILLE KS

Locate with "X" in section below: N  
Sketch map: W E  
  
S  
1 Mile

4 Well depth: 60 ft. Date of completion 10/10/78  
Well diameter 9 in.  
5  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored  Reverse rotary  
 Use:  Domestic  Public supply  Industry  
 Irrigation  Air conditioning  Commercial  
 Test well  
6 Casing: Material PLC Height: above/below  
Threaded  Welded  Surface 24 in.  
Diam. \_\_\_\_\_ Weight 160 lbs./ft.  
5 in. to 60 ft. depth Drive shoe?  Yes  No  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

2 Type and color of material		From	To
CLAY		0	15
SAND		15	35
CLAY		35	40
SAND		40	55
WHITEROCK		55	60

7 Screen: NONE USED PRE FORMED Manufacturer CASINS  
Type \_\_\_\_\_ Dia. \_\_\_\_\_  
Slot/gauze 1/2" Length 3"  
Set between 45 ft. and 55 ft. LO  
Fittings:  
Gravel pack  Yes  No Size range of material \_\_\_\_\_

9 Static water level: 30 ft. below land surface Date OCT 10 - 78

10 Pumping level below land surfaces:  
30 ft. after 1 hrs. pumping 10 g.p.m. 25  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
Estimated maximum yield 25 g.p.m.

11 Water sample submitted:  
 Yes  No Date \_\_\_\_\_

12 Well head completion:  
 Pitless adapter  \_\_\_\_\_ Inches above grade

13 Well grouted?  Yes  No  
 Neat cement  Bentonite  \_\_\_\_\_  
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination: NONE  
ft. \_\_\_\_\_ Direction \_\_\_\_\_ Type \_\_\_\_\_  
Well disinfected upon completion?  Yes  No

15 Pump:  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

16 Remarks: elevation OWNER WILL FINISH WELL TO STATE REQUIREMENTS  
Topography:  Hill  Slope  Upland  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.  
JAMES BRAS WATERWELL DRILLERS  
Business name \_\_\_\_\_ License No. \_\_\_\_\_  
Address Box 68 RR #2  
Signed James Bras Date 10/10/78  
Authorized representative

0  
18 W 35 SE SE SW

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