

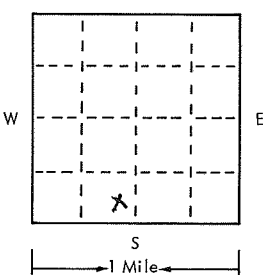
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4

1 Location of well:	County ROCKS	Township name PLAINVILLE	Fraction SW 1/4	Section number 35	Town number T95	Range number R18W																								
Distance and direction from nearest town or city: Street address of well location if in city: 1 MILE SOUTH OF PLAINVILLE			3 Owner of well: MERLE DUNNING Address: PLAINVILLE KS.																											
4 Locate with "X" in section below: Sketch map: 			4 Well depth: 60 ft. Date of completion 10/25/78 Well diameter 9 in.																											
2 Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>CLAY</td> <td></td> <td></td> </tr> <tr> <td>CLAY</td> <td>0</td> <td>15</td> </tr> <tr> <td>SAND</td> <td>15</td> <td>35</td> </tr> <tr> <td>CLAY</td> <td>35</td> <td>45</td> </tr> <tr> <td>SAND</td> <td>45</td> <td>55</td> </tr> <tr> <td>White Rock</td> <td>55</td> <td>60</td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table>			Type and color of material	From	To	CLAY			CLAY	0	15	SAND	15	35	CLAY	35	45	SAND	45	55	White Rock	55	60	(use a second sheet if needed)			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			
			Type and color of material	From	To																									
			CLAY																											
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			SAND	15	35																									
			CLAY	35	45																									
SAND	45	55																												
White Rock	55	60																												
(use a second sheet if needed)																														
6 Use: <input checked="" 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				7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. 5 in. to 60 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight 160 lbs./ft.																										
8 Screen: None used Manufacturer PERFORATED CASING Type _____ Dia. _____ Slot/gauze 1/16 Length 3" Set between 45 ft. and 55 ft. 10 Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: CMAA				9 Static water level: 30 ft. below land surface Date 10/28/78																										
10 Pumping level below land surfaces: 30 ft. after 1 hrs. pumping 100-25# Pres. g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.				T95 R18W SEC 35 SE SW																										
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																														
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 29 Inches above grade																														
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 15 ft.																														
14 Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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.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																														
16 Remarks: elevation OWNER WILL FINISH WELL TO STATE REQUIREMENTS.			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 BROS WATER WELL DRILLERS Business name _____ License No. _____ Address Box 68 RR #2 PLAINVILLE Signed James P. Frow Date Nov 8 78 Authorized representative																											

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

Form WWC-5