

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

CHEYENNE CREEK

WATER WELL RECORD
KSA 82a-1201-1215

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

13175

1. Location of well: County <u>Lane</u> Fraction <u>NW 1/4 SE 1/4 SE 1/4</u> Section number <u>27</u> Township number T <u>16</u> S R <u>29</u> E <u>W</u> Range number																						
2. Distance and direction from nearest town or city: <u>3-W 1/4 - N of Shields, Ks.</u> Street address of well location if in city:																						
3. Owner of well: <u>Slawson Drilling</u> R.R. or street: <u>Box 1131</u> City, state, zip code: <u>Great Bend, Ks. 67530</u>																						
4. Locate with "X" in section below: Sketch map:																						
6. Bore hole dia. <u>4 1/2</u> in. Completion date: <u>8-23-78</u> Well depth <u>130</u> ft.																						
7. <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																						
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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other																						
9. Casing: Material <u>PVC</u> Height: Above or <u>below</u> Threading: <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight: _____ lbs./ft. Dia. <u>4</u> in. to <u>130</u> ft. depth! Wall Thickness: inches or Dia. _____ in. to _____ ft. depth! Gage No. <u>237</u>																						
5. Type and color of material																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Top soil</u></td> <td><u>0</u></td> <td><u>2</u></td> </tr> <tr> <td><u>White clay</u></td> <td><u>2</u></td> <td><u>23</u></td> </tr> <tr> <td><u>white rock & clay</u></td> <td><u>23</u></td> <td><u>48</u></td> </tr> <tr> <td><u>sand & gravel</u></td> <td><u>48</u></td> <td><u>127</u></td> </tr> <tr> <td><u>Hard yellow clay</u></td> <td><u>127</u></td> <td><u>130</u></td> </tr> <tr> <td colspan="3" style="text-align:center;"><u>BROOK 127'</u></td> </tr> </tbody> </table>			From	To	<u>Top soil</u>	<u>0</u>	<u>2</u>	<u>White clay</u>	<u>2</u>	<u>23</u>	<u>white rock & clay</u>	<u>23</u>	<u>48</u>	<u>sand & gravel</u>	<u>48</u>	<u>127</u>	<u>Hard yellow clay</u>	<u>127</u>	<u>130</u>	<u>BROOK 127'</u>		
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10. Screen: Manufacturer's name: <u>Certain-Teed</u> Type: <u>PVC</u> Dia. _____ Slot: <u>4/16</u> Length: <u>20</u> Set between <u>130</u> ft. and <u>110</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>1/2 3/4 1/8</u>																						
11. Static water level: _____ ft. below land surface Date: <u>8-23-78</u> <u>106</u> mo./day/yr.																						
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																						
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																						
14. Well head completion: _____ Pitless adapter _____ Inches above grade																						
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.																						
16. Nearest source of possible contamination: _____ ft. _____ Direction: <u>S</u> Type: <u>at well</u> Well disinfected upon completion? <input checked="" 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____																						
(Use a second sheet if needed)																						
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>210' (TOP)</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>Rosencrantz-Bemis 134</u> Business name: <u>Great Bend Ks. 67530</u> License No. Address: <u>Sandy Fulmer</u> Date: <u>9-21-78</u> Signed: _____ Authorized representative																						

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

Form WWC-5