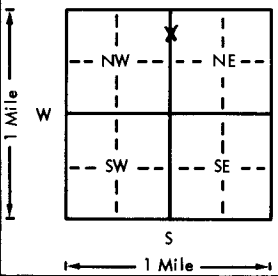


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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

1. Location of well:	County <u>Edwards</u>	Fraction <u>1/4 C 1/4 N 1/4</u>	Section number <u>11</u>	Township number T <u>25</u> S R	Range number <u>18W</u> <del>18W</del>
2. Distance and direction from nearest town or city: <u>2 mi. south 1/2 mi. west 2000 ft. south</u> Street address of well location if in city: <u>from Lewis, Ks.</u>			3. Owner of well: <u>Slawson Drilling Company</u> R.R. or street: <u>Box 1131</u> City, state, zip code: <u>Great Bend, Kansas 67530</u>		
4. Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		6. Bore hole dia. <u>1 1/2</u> in. Completion date _____ Well depth <u>80</u> ft. <u>7-28-77</u>	
5. Type and color of material		From	To	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	
Top soil		0	3	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Brown Clay		3	7	9. Casing: Material <u>PVC</u> Height: Above or <del>Below</del> _____ Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>80</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>237</u>	
Fine sand clay		7	10	10. Screen: Manufacturer's name _____ <u>CertainTeed</u> Type <u>PVC</u> Dia. <u>4</u> Slot/gauge <u>1/16</u> Length <u>20</u> Set between <u>60</u> ft. and <u>80</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>	
Fine sand		10	23	11. Static water level: _____ mo./day/yr. <u>26</u> ft. below land surface Date <u>7-28-77</u>	
Sand & Gravel		23	80	12. Pumping level below land surfaces: <u>26</u> ft. after <u>1/2</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 70 _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? <u>no</u> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.	
				16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>W</u> Type <u>oilwell</u> Well disinfected upon completion? <del>Yes</del> Yes _____ 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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
		(Use a second sheet if needed)			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Well will be pulled &amp; plugged by customer with gravel pack &amp; well cuttings.</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</u> 134 Business name License No. Address <u>Great Bend, Kansas 67530</u> Signed <u>Sandy Kilgore</u> Date <u>8/7/77</u> Authorized representative	

T 25  
 R 18W  
 Sec 11  
 C 1/4 N 1/4  
 1/4  
 1/4  
 1/4

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

Form WWC-5