

1 LOCATION OF WATER WELL:		Fraction <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$		Section Number <u>29</u>		Township Number <u>T 25 S</u>		Range Number <u>R 29 E/W</u>	
County: <u>Gray</u>									
Distance and direction from nearest town or city street address of well if located within city? <u>3 miles West of Ingalls, Ks. on the</u>									
<u>river road</u>									
2 WATER WELL OWNER:		<u>Slawson Drilling Co.</u>				Rig # <u>#7</u>			
RR#, St. Address, Box # :		<u>P. O. Box 1409</u>				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code :		<u>Great Bend, Kansas 67530</u>				Application Number: <u>None</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>75</u> ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>July 20, 1981</u>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>70</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>8</u> in. to <u>75</u> ft., and _____ in. to _____ ft.							
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot <u>6 Oil field water supply</u> 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>XX</u> ; If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes <u>XX</u> No _____									
5 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>XX</u> Clamped _____			
1 Steel		3 RMP (SR)		6 Asbestos-Cement		Welded _____			
<u>2 PVC</u>		4 ABS		7 Fiberglass		Threaded _____			
Blank casing diameter <u>5</u> in. to <u>75</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>12</u> in., weight <u>200 psi</u> lbs./ft. Wall thickness or gauge No. <u>S&W 21</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)		11 Other (specify) _____	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut		11 None (open hole)			
1 Continuous slot		3 Mill slot		6 Wire wrapped		9 Drilled holes			
2 Louvered shutter		4 Key punched		7 Torch cut		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>30</u> ft. to <u>70</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>75</u> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____									
Grout intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination: <u>none</u>									
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens		14 Abandoned water well	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage		15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		16 Other (specify below)	
13 Insecticide storage		How many feet? _____							
Direction from well?									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
<u>0</u>		<u>15</u>		<u>Sandy topsoil & coarse sand</u>					
<u>15</u>		<u>45</u>		<u>Coarse sand</u>					
<u>45</u>		<u>75</u>		<u>Coarse sand & clay, sandrock layers</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>July 20, 1981</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <u>179</u> This Water Well Record was completed on (mo/day/yr) <u>July 1, 1982</u>									
under the business name of <u>Joe's Well Service, Inc. Cimarron, Ks.</u> by (signature) _____									
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									