

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County Gray	Fraction C 1/4 NE 1/4 SE 1/4	Section number 33	Township number T 25 S R 29 E/W	Range number
2. Distance and direction from nearest town or city: 3 1/2 W of Ingalls, Kansas. Street address of well location if in city:				3. Owner of well: Slawson Drilling Co. R.R. or street: Box 1131 City, state, zip code: Great Bend, Kansas 67530		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>115</u> ft. <u>7-11-78</u>		
				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		
5. Type and color of material		From	To	9. Casing: Material <u>pvc</u> Height: Above or below _____ Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>115</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>237</u>		
Top soil		0	2	10. Screen: Manufacturer's name _____ Certainfeed Type <u>pvc</u> Dia. <u>4</u> Slot/gage <u>1/16</u> Length <u>25</u> Set between <u>90</u> ft. and <u>115</u> ft. ft. and _____ ft.		
Gray clay		2	6	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
Sand & gravel - clean, coarse, & loose		6	38	11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>7-11-78</u>		
Cemented sand & sand streaks		38	45	12. Pumping level below land surfaces: <u>na</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Sand & gravel		45	54	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Yellow brown clay		54	58	14. Well head completion: _____ <input type="checkbox"/> Pitless adapter _____ inches above grade		
Sand & gravel		58	66	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.		
Brown clay		66	68	16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>North</u> Type <u>oil well</u> Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sand & gravel clean & coarse		68	75	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		
Brown clay		75	88	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. Rosencrantz-Bemis <u>134</u> Business name License No. Address Great Bend, Kansas <u>67530</u> Signed <u>Sandy K. Stone</u> Date <u>7-20-78</u> Authorized representative		
Sand & gravel clean & coarse		88	115			
Brown clay		115	120			
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

25 290 33 0155
1/4 1/4 1/4

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

Form WWC-5