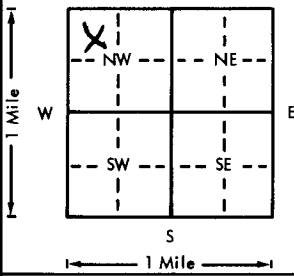
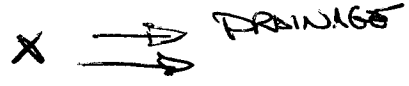


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <u>Edwards</u>	Fraction <u>CENTER OF</u> <u>1/4 NW 1/4 NW 1/4</u>	Section number <u>35</u>	Township number T <u>26</u> S	Range number R <u>17</u> W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
<u>9N &amp; 3W OF</u> <u>AVILAND, KS</u>			<u>Slawson Drilling Company</u> <u>Box 1131</u> <u>Great Bend, Kansas</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>20 AUG 79</u> Well depth <u>60</u> ft.		
				7. 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		
5. Type and color of material		From	To	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		
<u>Sandy silt</u>		<u>0</u>	<u>2</u>	9. Casing: Material <input type="checkbox"/> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>		
<u>Fine sand</u>		<u>2</u>	<u>28</u>	10. Screen: Manufacturer's name <u>MODERN - F&amp;W Supply</u> Type <u>SLOT</u> Dia. <u>5</u> Slot/gauze <u>1/4</u> Length <u>20'</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8 X 3/4</u>		
<u>Fine to coarse sand and medium gravel</u>		<u>28</u>	<u>40</u>	11. Static water level: <u>15</u> ft. below land surface Date <u>20 AUG 79</u> mo./day/yr.		
<u>Sand, coarse to coarse gravel</u>		<u>40</u>	<u>60</u>	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>80</u> g.p.m.		
<u>Sand, fine to coarse and fine gravel</u>		<u>60</u>	<u>90</u>	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: ____ Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>Yes</u> 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 ____ Type <u>NONE</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 <input type="checkbox"/> Turbine <input type="checkbox"/> ____ Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> ____ Centrifugal <input type="checkbox"/> Other <input type="checkbox"/>		
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:		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>Central Well &amp; Pump, Inc.</u> <u>325</u> Business name License No. Address <u>P.O. Box 1032 PRATT, KS</u> Signed <u>John H. Smith</u> Date <u>SEPT 79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5