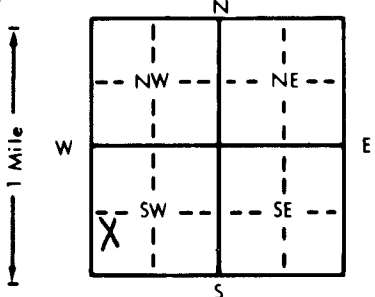


1 LOCATION OF WATER WELL: County: **Edwards** Fraction: **NW 1/4 NW 1/4 SW 1/4** Section Number: **20** Township Number: **T 26 S** Range Number: **R 18 E/W**

Distance and direction from nearest town or city street address of well if located within city? **From junction 16 and 183 - 11 miles North 1 mile east and 1/4 mile North** *54*

2 WATER WELL OWNER: **Slawson Drilling Co. (Romarsi #1)**
 RR#, St. Address, Box #: **P. O. Box 1409** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Great Bend, Kansas 67530** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **120** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **37** ft. below land surface measured on mo/day/yr **12-15-82**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **75** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **8** in. to **120** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot **6 Oil field water supply** 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 **XXX**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes **XXX** No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **XXX** Clamped _____
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter: **5** in. to **120** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight **200 psi** lbs./ft. Wall thickness or gauge No. **SDR 21**

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 9 ABS 11 Other (specify) _____
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped **8 Saw cut** 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **80** ft. to **120** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **10** ft. to **120** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
 Grout intervals: From **0** ft. to **10** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: **none** 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage _____

Direction from well?		How many feet?	
FROM	TO	FROM	TO
0	15		
15	30		
30	45		
45	90		
90	105		
105	120		

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) **12-15-82** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **179**. This Water Well Record was completed on (mo/day/yr) **August 27, 1983** under the business name of **Joe's Well Service, Inc. Cimarron, Ks.** by (signature) *Judith Cricht*

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.

OFFICE USE ONLY
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