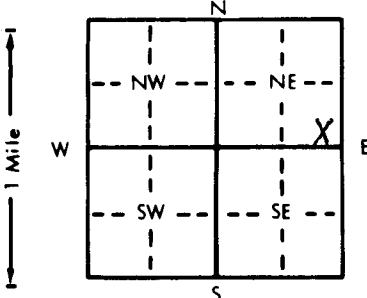


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Gray</b>	<b>SE</b> ¼ <b>SE</b> ¼ <b>NE</b> ¼	<b>8</b>	T <b>26</b> S	R <b>29</b> E/W

Distance and direction from nearest town or city street address of well if located within city?  
**1 mile South, 2 miles West and  $\frac{1}{2}$  mile South of Ingalls, Kansas**

2	WATER WELL OWNER:	Slawson Drilling	(Carl Miller #4)	(Rig #6)
	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: 195 ft. ELEVATION: \_\_\_\_\_



4 DEPTH OF COMPLETED WELL.....195..... ft. ELEVATION:.....

Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.

WELL'S STATIC WATER LEVEL.....87..... ft. below land surface measured on mo/day/yr **May 20, 1981**

Pump test data: Well water was..... ft. after..... hours pumping..... gpm

Est. Yield.....100..... gpm: Well water was..... ft. after..... hours pumping..... gpm

Bore Hole Diameter.....8..... in. to.....195..... ft., and..... in. to..... ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	<u>6 Oil field water supply</u>	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....~~XX~~.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes ~~XX~~ No

5	TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded <input type="checkbox"/>
	1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	
	2 PVC	4 ABS	7 Fiberglass		

Blank casing diameter . . . . . **5** .in. to . . . . . **195** .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:			<u>7 PVC</u>	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) . . . . .
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<u>8 Saw cut</u>	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 . . . . . 150 . . . . . ft. to . . . . . 190 . . . . . ft.,	From . . . . . ft. to . . . . . ft.
	From . . . . . ft. to . . . . . ft.,	From . . . . . ft. to . . . . . ft.
GRAVEL PACK INTERVALS:	From . . . . . 15 . . . . . ft. to . . . . . 190 . . . . . 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 15 ft. From ft. to ft. From ft. to ft.

What is the nearest source of possible contamination:		<b>none</b>	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? \_\_\_\_\_

[illegible]

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) May 20, 1981 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) Sept. 3, 1981 under the business name of Joe's Well Service, Inc. Cimarron, Ks. by (signature) Louis L. Crick

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.