

1 LOCATION OF WATER WELL  
 County Kiowa Fraction CENTER OF NW 1/4 NE 1/4 Section Number 12 Township Number T 27 S Range Number R 17 E

Distance and direction from nearest town or city? 7N & 1W OF HAVILAND, KS Street address of well if located within city?

2 WATER WELL OWNER: Slawson Drilling Company  
 RR#, St. Address, Box #: Box 1131 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Great Bend, Kansas 67530 Application Number:

3 DEPTH OF COMPLETED WELL: 80 ft. Bore Hole Diameter: 10 in. to 80 ft. and ..... in. to ..... ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)  
 10 Observation well  
 Well's static water level: 25 ft. below land surface measured on SEPT month 5 day 79 year  
 Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 100 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued X Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded .....  
 Blank casing dia 5 in. to 60 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 12 in., weight ..... lbs./ft. Wall thickness or gauge No. 200  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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-Perforation Dia: 5 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From 60 ft. to 80 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 Gravel Pack Intervals: From 10 ft. to 80 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grouted Intervals: From 0 ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) NONE  
 13 Watertight sewer lines  
 Direction from well ..... How many feet ..... ? Water Well Disinfected? Yes X No  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No X If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No X  
 If Yes: Pump Manufacturer's name ..... Model No. .... HP ..... Volts .....  
 Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on SEPT month 5 day 79 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 325  
 This Water Well Record was completed on JUNE month 27 day 80 year under the business name of Central Well & Pump Inc. Pratt, Kansas by (signature) [Signature]

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
		0	2			Sand, fine				
2		18			Clay, tan and sandy					
18		36			Clay, blue and green					
36		60			Sand, fine to coarse and fine gravel					
60		90			Sand, fine to coarse and coarse gravel					

ELEVATION:  
 Depth(s) Groundwater Encountered 1. 25 ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 27 R 17 E 12 CENTER OF NW 1/4 NE 1/4