

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 Kiowa	Fraction CENTER OF 1/4 NW 1/4 NE 1/4	Section number 12	Township number T 27 S R 17 NE/W	Range number
2. Distance and direction from nearest town or city: 7 N & 1 W OF			3. Owner of well: Slawson Drilling Company			
Street address of well location if in city: HAVILAND, KANSAS			R.R. or street: Box 1131			
			City, state, zip code: Great Bend, Kansas			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 10 in. Completion date 6 Sept 79		
				Well depth 80 ft.		
				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		
				9. Casing: Material <input type="checkbox"/> Height Above or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in.		
				RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.		
				Dia. 5 in. to 60 ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. 200		
5. Type and color of material		From	To	10. Screen: Manufacturer's name MODERN - F & W Supply		
Sand, fine		0	2	Type SLOT Dia. 5"		
Clay, sandy tan		2	18	Slot/gauze 1/16 Length 20		
Clay, blue & green		18	36	Set between 60 ft. and 80 ft.		
Sand, fine to coarse & fine gravel		36	60	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8" - 3/8"		
Sand, fine to coarse & coarse gravel		60	90	11. Static water level: _____ mo./day/yr.		
				25 ft. below land surface Date 6 Sept 79		
				12. Pumping level below land surfaces:		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield 80 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion:		
				<input type="checkbox"/> Pitless adapter 12 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> Yes		
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: _____		
				ft. _____ Direction _____ Type NONE		
				Well disinfected upon completion? <input 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:		
				<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine		
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
				<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				Central Well & Pump, Inc. 325		
<input type="checkbox"/> Slope				Business name _____ License No. _____		
<input checked="" type="checkbox"/> Upland				Address P.O. Box 1032 Pratt, KS		
<input type="checkbox"/> Valley				Signed Ed Monomill Date Oct 79		
				Authorized representative		

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

Form WWC-3