

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 <b>Pratt</b>	Fraction <b>se 1/4 nw 1/4 nw 1/4</b>	Section number <b>25</b>	Township number <b>T 29 S R 11 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>1 1/4 - E of Sawyer, Ks. south side.</b> Street address of well location if in city:				3. Owner of well: <b>Slawson Drilling Co.</b> R.R. or street: <b>Box 1131</b> City, state, zip code: <b>Great Bend, Kansas 67530</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. <u>10</u> in. Completion date <u>5-19-79</u> Well depth <u>90</u> ft.	
sandy top soil			0	4	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	
fine sand & clay			4	6	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	
brown & white clay			6	18	9. Casing: Material <u>pvc</u> Height: Above or below <u>na</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>      </u> lbs./ft. Dia. <u>4 1/2</u> in. to <u>90</u> ft. depth Wall Thickness: inches or Dia. <u>      </u> in. to <u>      </u> ft. depth gage No. <u>237</u>	
					10. Screen: Manufacturer's name <u>CertainTeed</u> Type <u>pvc</u> Dia. <u>      </u> Slot <u>1/16</u> Length <u>20</u> Set between <u>80</u> ft. and <u>60</u> ft. <u>      </u> ft. and <u>      </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>	
					11. Static water level: <u>21</u> ft. below land surface Date <u>5-9-79</u> mo./day/yr.	
					12. Pumping level below land surfaces: <u>na</u> <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>      </u> g.p.m.	
					13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>      </u> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> 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. <u>50</u> Direction <u>south</u> Type <u>oil well</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 <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> 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	
(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>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Kansas 67530</u> Signed <u>Sandy Kilgore</u> Date <u>5-24-79</u> Authorized representative
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5