

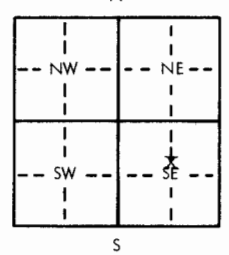
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

TURKEY CREEK

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

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1. Location of well:		County Clark	Fraction s₂ 1/4 n₂ 1/4 se 1/4	Section number 13	Township number T 30 S R 21 E W	Range number 21
2. Distance and direction from nearest town or city: 8-S 3-3/4-E north side from Bucklin, Ks. Street address of well location if in city:			3. Owner of well: Slawson Drilling R.R. or street: Box 1131 City, state, zip code: Great Bend, Kansas 67530			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>115</u> ft. <u>4-2-79</u>		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
5. Type and color of material		From	To	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		
sandy top soil		0	3	9. Casing: Material <u>pvc</u> Height: Above or below Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>115</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.237</u>		
clay		3	7	10. Screen: Manufacturer's name <u>CertainTeed</u> Type <u>pvc</u> Dia. _____ Slot <u>1/16</u> Length <u>40</u> Set between <u>60</u> ft. and <u>100</u> ft. _____ ft. and _____ ft.		
rock and gravel		7	12	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
clay		12	24	11. Static water level: _____ mo./day/yr. <u>45</u> ft. below land surface Date <u>4-2-79</u>		
sand & gravel		24	31	12. Pumping level below land surfaces: <u>45</u> ft. after <u>1</u> hrs. pumping <u>75</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>120</u> g.p.m.		
clay		31	54	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
sand & gravel		54	71	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
clay		71	73	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.		
sand & gravel		73	95	16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>SW</u> Type <u>oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
clay		95	107	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		
shale		107	115	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 Slope</u> Date: <u>4-27-79</u> Authorized representative		
18. Elevation:		19. Remarks: TOPO		21. _____		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)		22. <u>2235</u> <u>95</u> <u>2140</u>		

30 21 E T 3 S N SE

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

Form WWC-5