

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 Barber	Fraction X SW NW 1/4 NW 1/4 SE 1/4	Section number 25	Township number T 31 S R	Range number 13 E W
2. Distance and direction from nearest town or city: 5 miles south side from Medicine Lodge, Ks. Street address of well location if in city: 5-W 2-N East side			3. Owner of well: Slawson Drilling Box 1131 Great Bend, Kansas 67530			
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>50</u> ft. <u>1-12-79</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			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 <u>pvc</u> Height: Above ground _____ Threading _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4 1/2</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.237</u>			
			10. Screen: Manufacturer's name _____ <u>Certain Feed</u> Type <u>pvc</u> Dia. _____ Slot/gauge <u>1/16</u> Length <u>20</u> Set between <u>40</u> ft. and <u>20</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>			
			11. Static water level: _____ mo./day/yr. <u>19</u> ft. below land surface Date <u>1-12-79</u>			
			12. Pumping level below land surfaces: <u>na</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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>40</u> Direction <u>south</u> Type <u>oil well</u> Well disinfected upon completion? <u>hth</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
			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			
			(Use a second sheet if needed)			
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		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>Andy Wilson</u> Date <u>2-14-79</u> Authorized representative				

T 31 R 13 W 25 SW NW NW

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

Form WWC-5