

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>Barber</b>	Fraction <b>se 1/4 ne 1/4 SW 1/4</b>	Section number <b>5</b>	Township number <b>T 32 S R 12 E/W</b>	Range number <b>12 E/W</b>
2. Distance and direction from nearest town or city: <b>3-W 1/2-N 3/4-W south side from</b> Street address of well location if in city: <b>Medicine Lodge, Ks.</b>			3. Owner of well: <b>Slawson Drilling</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:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>60</u> ft. <u>5-18-79</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		
top soil		0	2	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 1/2</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.237</u>		
clay		2	25	10. Screen: Manufacturer's name <b>CertainTeed</b> Type <u>PVC</u> Dia. _____ Slot/size <u>1/16</u> Length <u>20</u> Set between <u>60</u> ft. and <u>40</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
sand & gravel		25	64	11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>5-18-79</u>		
hard red bed		64	65	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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>50</u> Direction <u>north</u> Type <u>oilwell</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 _____ 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)		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. <b>Rosencrantz-Bemis</b> <u>134</u> Business name License No. Address <b>Great Bend, Kansas 67530</b> Signed <u>Sandy Kilgus</u> Date <u>5-30-79</u> Authorized representative		
18. Elevation:	19. Remarks:		20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T  
R  
S  
1/4  
SE  
NE  
SW

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

Form WWC-5