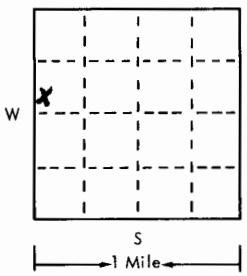


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Haskell</b>	Township name	Fraction <b>SW, SW, NW</b>	Section number <b>30</b>	Town number <b>27S</b>	Range number <b>34W</b>		
Distance and direction from nearest town or city: <b>Approx. 13 N and 13 W from</b> Street address of well location if in city: <b>Sublette, Ks</b>				3 Owner of well: <b>Gary Bishop</b> Address: <b>RR Satanta, Ks</b>				
Locate with "X" in section below: N  W X E S 1 Mile		Sketch map: <b>North side of house near SW corner of the NW<sub>4</sub>, Sec. 30, T27S, R34W, Haskell County, Kansas.</b>		4 Well depth: <b>340</b> ft. Date of completion _____ Well diameter <b>10</b> in. <b>28 Jun 75</b>				
2 Type and color of material		From	To	5 <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				
		Top soil		0	2	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
		Fine sand		2	41	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>13</b> in. Diam. _____ Weight <b>258.4</b> _____ <b>5</b> in. to <b>340</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
		Fine sand with tan clay		41	80	8 Screen: Manufacturer <b>J&amp;L</b> Type <b>mill slot</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>40</b> Set between <b>300</b> ft. and <b>340</b> ft. Fittings: <b>4.6-.7 mm</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
		Fine to coarse sand		80	92	9 Static water level: <b>185</b> ft. below land surface Date <b>5 Jun 75</b>		
		Fine to coarse sand medium gravel		92	133	10 Pumping level below land surfaces: <b>No test</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>40</b> g.p.m.		
		Tan clay with gravel streaks		133	150	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
		Fine to coarse sand medium gravel		150	182	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
		Yellow and green clay with sand & gravel		182	209	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>5</b> ft. to <b>15</b> ft.		
		Fine to coarse sand medium gravel		209	250	14 Nearest source of possible contamination: ft. <b>150</b> Direction <b>South</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Blue clay		250	258	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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				
Fine to coarse sand medium gravel		258	350	17 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>Layne-Western Co 150</b> Business name _____ License No. _____ Address <b>Garden City</b> Signed <b>R T Vincent</b> Date <b>14 Sep 75</b> Authorized representative				
16 Remarks: elevation								
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5