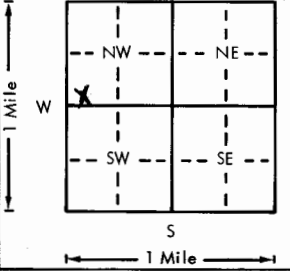


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Haskell	Fraction SW 1/4 SW 1/4NW 1/4	Section number 19	Township number T 28 S R	Range number 32 E(W)
2. Distance and direction from nearest town or city: Approximately 8 miles NW of Sublette, Kansas. Street address of well location if in city:			3. Owner of well: James Sealey R.R. or street: 7701 Pine Street City, state, zip code: Omaha, Nebraska 68124		
4. Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>26</u> in. Completion date <u>10/19/78</u> Well depth <u>567</u> ft.
See Attachment			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>Steel</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>42.05</u> lbs./ft. Dia. <u>16</u> in. to <u>567</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>.250</u>		
			10. Screen: Manufacturer's name _____ <u>W. A. Brown</u> Type <u>Louvered</u> Dia. <u>16</u> " Slot/gauze <u>.125</u> Length <u>70</u> ' Set between <u>380'-400'</u> and <u>420'-440'</u> ft. <u>510'-530'</u> ft. and <u>550'-560'</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/2" Down</u>		
			11. Static water level: _____ mo./day/yr. <u>316</u> ft. below land surface Date <u>10/24/78</u>		
			12. Pumping level below land surfaces: <u>358</u> ft. after _____ hrs. pumping <u>1404</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1,500</u> 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 <u>12</u> Inches above grade		
			15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: <u>None observed</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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)		
18. Elevation: <u>x Flat</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Henkle Drilling & Sply 145 Business name License No. Address <u>Box 639, Garden City, KS</u> Signed <u>Bruce Richmond</u> Date <u>10/24/78</u> Authorized representative		

T
R
E
19
SW 1/4 NW

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

Form WWC-5

