

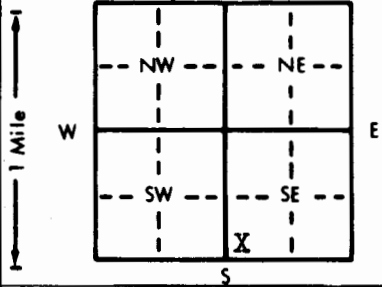
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: HASKELL	SW ¼ SW ¼ SE ¼	26	T 28 S	R 34 EW

Distance and direction from nearest town or city street address of well if located within city?
6 North, 7 West, 1 North, 1/2 West of Sublette, Kansas

2	WATER WELL OWNER:	Mrs. Lorraine Wright	
	RR#, St. Address, Box # :	RFD	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code :	Satanta, Kansas 67870	Application Number: ---

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 510 ft. ELEVATION: Slope

Depth(s) Groundwater Encountered 1. Not available ft. 2. ft. 3. ft.



4 DEPTH OF COMPLETED WELL.....510..... ft. ELEVATION:.....Slope.....
 Depth(s) Groundwater Encountered 1. Not available ft. 2..... ft. 3..... ft.
 WELL'S STATIC WATER LEVEL .301..... ft. below land surface measured on mo/day/yr Aug. 25, 1989
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield .20.... gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter. 10..... in. to ..510..... ft., and..... in. to ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 XXX Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes.....No....XX..; If yes, mo/day/yr sample was sub
 mitted Water Well Disinfected? Yes XX No

5	TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued .XX. Clamped Welded Threaded
	1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	
	X 2 PVC	4 ABS	7 Fiberglass		

Blank casing diameter . 5 . in. to 4.90 . ft., Dia . in. to . ft., Dia . in. to . ft.
Casing height above land surface 18 . in., weight 2.8 . lbs./ft. Wall thickness or gauge No. 265

TYPE OF SCREEN OR PERFORATION MATERIAL:			XX PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS:	From 490	ft. to 510	ft., From	ft. to	ft.
	From	ft. to	ft., From	ft. to	ft.
GRAVEL PACK INTERVALS:	From 20	ft. to 510	ft., From	ft. to	ft.
	From	ft. to	ft., From	ft. to	ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite **XX** Other Baroid Hole Plug
Grout Intervals: From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:			10 Livestock pens	14 Abandoned water well
XX Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	

Direction from well?	North	How many feet?	100
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[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) August 28, 1989 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 252 This Water Well Record was completed on (mo/day/year) September 11, 1989 under the business name of FRIESEN WINDMILL & SUPPLY INC. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

05-8900000137