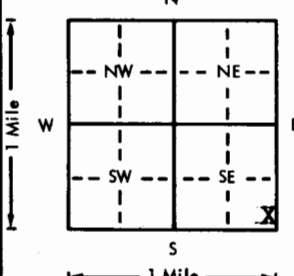


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Haskell</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>29</b>	Township number <b>T 28 S R 34 E</b>	Range number <b>34 E</b>
2. Distance and direction from nearest town or city: <b>9 1/2 North, 3 West of Satanta, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>Gerald Lightcap</b> R.R. or street: <b>Satanta, Kansas 67870</b> City, state, zip code:		
4. Locate with "X" in section below: <div style="text-align: center;">  </div> Sketch map:			6. Bore hole dia. <b>9 7/8</b> in. Completion date <b>6-04-76</b> Well depth <b>496</b> ft.		
			7. <input checked="" 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		
			8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>496</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>265</b>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b>
Top soil			0	5	Type <b>PVC</b> Dia. <b>5"</b>
Tan clay			5	45	Slot/gauze <b>1/8"</b> Length <b>110'</b>
Med. to lar. sand & loose gravel			45	450	Set between <b>4286</b> ft. and <b>4388</b> <b>346</b> ft. <b>456</b> ft. and <b>496</b> ft.
Med. to lar. sand (cemented)			450	495	Gravel pack? <b>yes</b> Size range of material <b>3/16"</b>
Med. to lar. loose sand			495	510	11. Static water level: <b>281</b> ft. below land surface Date <b>5/27/76</b>
Med. to lar. sand (cemented)			510	512	12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>30 - 40</b> g.p.m.
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade
					15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: ft. <b>20</b> Direction <b>east</b> Type <b>old well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD19</b> HP <b>3</b> Volts <b>220</b> Length of drop pipe <b>336</b> ft. capacity <b>20</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
					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>Friesen Windmill</b> <b>252</b> Business name License No. Address <b>Meade, Kansas 67864</b> Signed <b>John Friesen</b> Date <b>7-1-76</b> Authorized representative
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5