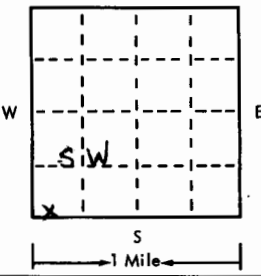


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

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

|  |                          |                                |  |                             |   |  |
|--|--------------------------|--------------------------------|--|-----------------------------|---|--|
| 1 Location of well:  | County<br><b>Haskell</b> | Township name<br><b>Dudley</b> | Fraction<br><b>S.W. 1/4 of S.W. 1/4</b>  | Section number<br><b>22</b> | Town number<br><b>T 29 S</b>  | Range number<br><b>R 34 W.</b>   |
| Distance and direction from nearest town or city:<br><b>4 N. 2 W. 1 N. of Satanta, Kansas</b>  |                          |                                | 3 Owner of well:<br><b>Marvin Schwertfeger</b><br>Address: <b>Satanta, Kansas</b>  |                             |   |  |
| Locate with "X" in section below:<br>   |                          |                                | Sketch map:  |                             |   | 4 Well depth: <b>430'</b> ft. Date of completion <b>2-13-75</b><br>Well diameter <b>9"</b> in. |
| 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<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |  |
| Overburden   |                          |                                | 0  | 233                         | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>  |  |
| Sand and gravel  |                          |                                | 233  | 380                         | 7 Casing: Material <b>RMP</b> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>30</b> in.<br>Diam. <b>5</b> in. to <b>430</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>_____ in. to _____ ft. depth  |  |
| Sand, gravel and clay stks.  |                          |                                | 380  | 430                         | 8 Screen:<br>Manufacturer <b>Sunflower</b><br>Type <b>R.M.P.</b> Dia. <b>5"</b><br>Slot/gauze <b>Slot</b> Length <b>60</b><br>Set between <b>370</b> ft. and <b>430</b> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8</b>   |  |
|  |                          |                                |  |                             | 9 Static water level:<br><b>233</b> ft. below land surface Date <b>2/13/75</b>  |  |
|  |                          |                                |  |                             | 10 Pumping level below land surfaces: <b>N.A.</b><br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>60</b> g.p.m.   |  |
|  |                          |                                |  |                             | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |  |
|  |                          |                                |  |                             | 12 Well head completion: <b>30</b><br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade   |  |
|  |                          |                                |  |                             | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From <b>3</b> ft. to <b>13</b> ft.  |  |
|  |                          |                                |  |                             | 14 Nearest source of possible contamination:<br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|  |                          |                                |  |                             | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |
| 16 Remarks: elevation <b>Well was at a new building site, no contamination at present</b><br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                          |                                | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>T &amp; W Water Well Service 142</b><br>Business name _____ License No. _____<br>Address <b>Box 816, Liberal, Ks.</b><br>Signed <b>C.D. Longmiller</b> Date <b>2/14/75</b><br>Authorized representative |                             |   |  |

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

Form WWC-5