

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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>SW 1/4 SW 1/4 NE 1/4</b>	Section number <b>15</b>	Township number <b>T 30S</b>	Range number <b>S R 32W</b>	<b>E.W.</b>
2. Distance and direction from nearest town or city: <b>3 Miles East &amp; 2 Miles South of Sublette, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Fred Proksch</b> R.R. or street: <b>R. R.</b> City, state, zip code: <b>Sublette, Kansas 67877</b>			
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"><div style="text-align: center;"><p>N</p><p>1 Mile</p></div><div style="margin-left: 20px;"><p>238' North &amp; 119' East of the SW Corner of the NE 1/4, Sec. 15, T30S, R32W, Haskell County, Kansas</p></div></div>			6. Bore hole dia. <b>28</b> in. Completion date _____ Well depth <b>440</b> ft. <b>12-7-77</b>			
5. Type and color of material			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 <b>Steel</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 <b>37</b> lbs./ft. Dia. <b>16</b> in. to <b>233</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>219</b>			
			10. Screen: Manufacturer's name <b>Doerr, Foster</b> <b>Louwer</b> Type <b>Millslot</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length <b>207</b> Set between <b>233</b> ft. and <b>440</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>4.25 mm</b>			
			11. Static water level: _____ mo./day/yr. <b>222</b> ft. below land surface Date <b>11-9-77</b>			
			12. Pumping level below land surfaces: <b>266</b> ft. after <b>1</b> hrs. pumping <b>1585</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>2,000</b> 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 <b>12</b> inches above grade			
			15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			
			16. Nearest source of possible contamination: <b>Unknown</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			17. Pump: _____ Not installed Manufacturer's name <b>Layne &amp; Bowler</b> Model number <b>14 TL</b> HP <b>193</b> Volts _____ Length of drop pipe <b>340</b> ft. capacity <b>1900</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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>Layne-Western Co. Inc.</b> <b>102</b> Business name License No. Address <b>Box 686 Garden City, Ks.</b> Signed <b>[Signature]</b> Date <b>13 Dec 77</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