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 Haskell	Township name	fraction SW NE SV	1/4	1	n number		Town number T 30 S	Range number R 33 W		
Distance and directi	3 Owner of well:				1 200 1						
Cr						marles Anton					
Street address of well location if in city:  Address:							Satanta, Kansas				
Locate with "X" in s	section below: N	Sketch map:					4 Well depth: 360 ft. Date of completion 8-18-75 Well diameter 9.7/8n.				
								5 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary			
ii											
w							6 Use: X Domestic Public supply Industry Irrigation Air conditioning Commercial				
							7 Casing: Material RMP Height: Height:				
							Threaded Welded WiSurface 40 in.				
	S Mile						Diam.  Weight220_ Ibs./ft 100				
2	Турс	e and color of material			From	То		_ m. io m. depin;			
								nufacturer <b>Jess</b> {			
Sandy C	lay				_0_	32	Typ Slo	e <u>RMP</u> D t/gauze <u>1/8††</u> Le	ia		
Med. to	Lar. Sand				32	92	Set	between 290 ft. and	340 ft		
Sandy C	lay				92	127	Gro	rings: rivel pack ሺ Yes 🗌 No S	Size range of material 🎾		
Med. to	Lar. Sand &	Gravel		1	2 <b>7</b>	332		tic water level: ft. below land surface	Date 8-7-75		
Blue Cl				*	32	337	10 Pur	nping level below land surf	aces: No		
	-			1				ft. after hrs. ft. after hrs.	pumping g.p.m. pumping g.p.m.		
	Lar. Sand				37	350		mated maximum yield	g.p.m.		
Sandy C	Lay		<del> </del>		550	360		ter sample submitted: Yes <b>X</b> No Date			
							_	II head completion: Pitless adapter	Inches above grade		
							13 Wel	Il grouted? 🛣 Yes	□ No		
								e 🗆 <u>Cement</u>			
							14 Ne	arest source of possible con	tamination:		
							ft. We	Direction	est Type Coral		
							15 Pum	np:	Not installed		
							Мо	del numbeSD19=300			
							Len Typ	igth of drop pipe <b>315</b> ft se:	capacity 20_ g.m.p.		
						ļ	X	Submersible	Turbine		
	(use	a second sheet if needed)					_	Jet Certrifugal	Reciprocating Other		
16 Remarks: elevat	ion							ter well contractor's certifi s well was drilled under my			
_							l	s well was arilled under my ort is true to the best of my	'		
Topography:  Hill						Friesen Windmill 252 Business name 10 0 License No.					
☐ Slope  ☑ Upland							dress Mende / Kah	sas 67864 Date 7-72-74			
Valley							. sig	Nuther zed eprese	ntative Date 2 9		

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

Form WWC-5