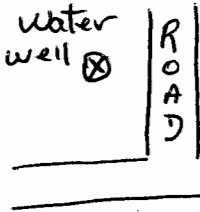


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Haskell	Fraction SE 1/4 NE 1/4 SE 1/4	Section number 33	Township number T 30 S	Range number R 34 E
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: W. F. Walker R.R. or street: Rt. #2 City, state, zip code: Satanta, Kansas			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 170 in. Completion date 10-12-77 Well depth 978	
5. Type and color of material		From	To	7. <input 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	
Sand		0	170	8. Use: <input 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 checked="" type="checkbox"/> Other *	
				9. Casing: Material Styro Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 0320 lbs./ft. Dia. 5 in. to 170 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 0320	
				10. Screen: Manufacturer's name Sunflower mfg. Company Type 0-320 Dia. 5" Slot/gauze 1/16 Length 60 Set between 110 ft. and 170 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8 x 1/4	
				11. Static water level: <input type="checkbox"/> mo./day/yr. 45 ft. below land surface Date 11-12-77	
				12. Pumping level below land surfaces: N.A. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
				13. Water sample submitted: NA <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date	
				14. Well head completion: 18 <input checked="" type="checkbox"/> Pitless adapter 18 inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 20 ft.	
				16. Nearest source of possible contamination: NONE ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Gould Model number NA HP 3 Volts 420 Length of drop pipe 120 ft. capacity 30 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	
18. Elevation:		19. Remarks: 8" used for Redi-mix Plant. Flat: Slab to be installed by owner.			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. Nagler Drilling 253 Business name Lysses, Ks. 67880 License No. Address Lysses, Ks. 67880 Signed Deane Hauer Date 11-10-77 Authorized representative			

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

Form WWC-5