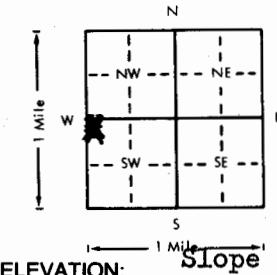


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Grant		NW 1/4 NW 1/4 SW 1/4	24	T 30 S	R 35 E/W
Distance and direction from nearest town or city? 6 Miles West of Satanta, Kansas			Street address of well if located within city?		
2 WATER WELL OWNER:		Lloyd A. Watson			
RR#, St. Address, Box # :		309 W. Carson			
City, State, ZIP Code :		Sublette, Kansas (Raeburn Powell Farm)			
		Board of Agriculture, Division of Water Resources Application Number: -----			
3 DEPTH OF COMPLETED WELL 303.....ft. Bore Hole Diameter 7 7/8 in. to 303.....ft., andin. toft.					
Well Water to be used as:					
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well					
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering XX2 Other (Specify below)					
Stock					
Well's static water level 124.....ft. below land surface measured on May.....month 1.....day 1981.....year					
Pump Test Data : Well water was.....ft. after.....hours pumping.....gpm					
Est. Yield 100 gpm: Well water was.....ft. after.....hours pumping.....gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued XXX Clamped					
XXX PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded.....					
Threaded.....					
Blank casing dia 5.....in. to 243.....ft., Dia.....in. toft., Dia.....in. toft.					
Casing height above land surface 12.....in., weight 2.8.....lbs./ft. Wall thickness or gauge No 265.....					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify).....					
12 None used (open hole)					
Screen or Perforation Openings Are:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped XXX8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify).....					
Screen-Perforation Dia 5.....in. to 303.....ft., Dia.....in. toft., Dia.....in. toft.					
Screen-Perforated Intervals: From 243.....ft. to 303.....ft., From.....ft. toft., From.....ft. toft.					
Gravel Pack Intervals: From 10.....ft. to 303.....ft., From.....ft. toft., From.....ft. toft.					
5 GROUT MATERIAL: XXX Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grouted Intervals: From 0.....ft. to 10.....ft., From.....ft. toft., From.....ft. toft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well					
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well					
3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage XXX13 Other (specify below)					
Irrigation Well					
Direction from well Northwest..... How many feet 1500..... ? Water Well Disinfected? Yes XXX No					
Was a chemical/bacteriological sample submitted to Department? Yes..... No XXX If yes, date sample					
was submitted.....month.....day.....year Windmill					
If Yes: Pump Manufacturer's name Aermotor Mill Model No. 8! Mill HP Volts					
Depth of Pump Intake XXX 168.....ft. Pumps Capacity rated at 3.....gal./min.					
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal XX5 Reciprocating 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was					
completed on April.....month 16.....day 1981.....year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 252					
This Water Well Record was completed on May.....month 18.....day 1981.....year under the business					
name of Friesen Windmill & Supply Inc. by (signature)					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG			
		FROM	TO	LITHOLOGIC LOG	
		0	1	Topsoil	
		1	10	Fine Sand	
		10	70	Med. Sand	
		70	250	Fine Sand w/Clay Streaks	
		250	300	Med. Sand	
300	304	Caliche			
ELEVATION:		Slope			
Depth(s) Groundwater Encountered 1 Not available.....ft. 3.....ft. 4.....ft. (Use a second sheet if needed)					
INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					