

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 <b>Seward</b>	Fraction <b>SW 1/4 NW 1/4 NE 1/4</b>	Section number <b>4</b>	Township number <b>T 31 S</b>	Range number <b>R 34 E</b>
2. Distance and direction from nearest town or city: <b>6 miles southwest of Satanta, Kansas</b>				3. Owner of well: <b>Don Torrey</b>		
Street address of well location if in city:				R.R. or street: <b>RFD</b>		
				City, state, zip code: <b>Satanta, Kansas 67870</b>		
4. Locate with "X" in section below:		Sketch map:				
		6. Bore hole dia. <b>9 7/8</b> in. Completion date _____ Well depth <b>225</b> ft. <b>9-12-77</b>				
		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				
		8. Use: <input checked="" 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 type="checkbox"/> Other				
		9. Casing: Material <b>PVC</b> Height: Above or below _____ Threaded _____ Welded <b>XX</b> Surface <b>12</b> in. RMP _____ PVC <b>XX</b> Weight <b>4.0</b> lbs./ft. Dia. <b>6</b> in. to <b>225</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>.316</b>				
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ <b>Jess &amp; Lowell</b>		
Blow sand Top soil		0	9	Type <b>PVC</b> Dia. <b>6"</b> Slot/gauze <b>1/8"</b> Length <b>50'</b>		
Fine sand		9	42	Set between <b>225</b> ft. and <b>155</b> ft. _____ ft. and _____ ft.		
Sandy clay		42	76	Gravel pack? <b>Yes</b> Size range of material <b>1/64 to 5/32</b>		
Med. to lar. sand & gravel		76	115	11. Static water level: _____ mo./day/yr. <b>98</b> ft. below land surface Date <b>9-12-77</b>		
Med. to lar. sand		115	131	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Med. to lar. sand (clay bits)		131	144	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Med. to lar. sand & gravel		144	225	14. Well head completion: <b>XX</b> Pitless adapter Unit _____ Inches above grade		
(Hard rock) or sand stone		225	230	15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>14</b> ft.		
				16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <b>XX</b> Yes _____ No _____		
				17. Pump: Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD19</b> HP <b>1 1/2</b> Volts <b>220</b> Length of drop pipe <b>147</b> ft. capacity <b>20</b> 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		
				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>Friesen Windmill &amp; Supply 252</b> Business name License No. _____ Address <b>Meade, Kansas 67864</b> Signed <i>[Signature]</i> Date <b>9-12-77</b> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5