

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 Seward	Township name	Fraction SE SE NW/4	Section number 7	Town number T 31 S	Range number 34 W
Distance and direction from nearest town or city:				3 Owner of well: Archie Rooney Satanta, Kansas			
Street address of well location if in city:				Address: Archie Rooney Satanta, Kansas			
Locate with "X" in section below: N			Sketch map:			4 Well depth: 255 ft. Date of completion 8/14/75 Well diameter 9 7/8 n.	
						5 <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	
						6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> stock	
						7 Casing: Material RMP Height: above/ below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. Diam. Weight 220 lbs./ft. 100 5 in. to 237 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ____ in. to ____ ft. depth	
2	Type and color of material	From	To	8 Screen: Manufacturer Jess & Lowell Type RMP Dia. 5" Slot/gauze 1/8" Length 30' Set between 187 ft. and 197 ft. Fittings: 217 237 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2"			
	Fine Sand	0	5	9 Static water level: 150 ft. below land surface Date 8/11/75			
	Clay	5	22	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 30 g.p.m.			
	Med. to Lar. Sand & Gravel	22	85	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
	Med. to Lar. Sand & Sandy Clay	85	91	12 Well head completion: <input type="checkbox"/> Pitless adapter 18 inches above grade			
	Med. to Lar. Sand & Gravel	91	142	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> cement Depth: From 0 ft. to 10 ft.			
	Med. to Lar. Sand & Sandy Clay	142	147	14 Nearest source of possible contamination: ft. 5 Direction west Type pond Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Med. to Lar. Sand & Gravel	147	255	15 Pump: windmill <input type="checkbox"/> Not installed Manufacturer's name Aermotor Model number ____ HP ____ Volts ____ Length of drop pipe 207 ft. capacity 3 g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Other			
(use a second sheet if needed)							
16 Remarks: elevation Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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. Friesen Windmill 252 Business name License No. Address Medida, Kansas 67864 Signed John A. [Signature] Date 2-22-75 Authorized representative			

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

Form WWC-5