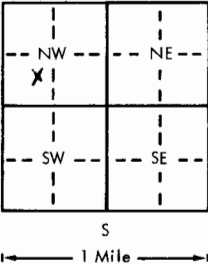
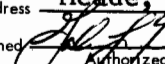


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NE 1/4 SE 1/4 NW 1/4</b>	Section number <b>9</b>	Township number <b>T 31 S R 34 E</b>	Range number <b>34</b>
2. Distance and direction from nearest town or city: <b>1/2 s. of Satanta</b> Street address of well location if in city:		3. Owner of well: <b>Chuck Conover</b> R.R. or street: City, state, zip code: <b>Satanta, Ks.</b>				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <b>9 7/8</b> in. Completion date _____ Well depth <b>245</b> ft. <b>5-02-79</b>		
5. Type and color of material		From	To	7. 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		
Fine Sand		0	10	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Med. to Lar. sand gravel-some clay streaks		10	120	9. Casing: Material <b>PVC</b> Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>245</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>265</b>		
Med. to Lar. Sand		120	230	10. Screen: Manufacturer's name <b>Pumpco</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>P 1/8"</b> Length <b>60'</b> Set between <b>165</b> ft. and <b>245</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>#1 fine</b>		
Med. to Lar. Sand with clay		230	248	11. Static water level: <b>84</b> ft. below land surface Date <b>4 23 79</b> m./day/yr.		
Well Depth- 245'				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.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> Inches above grade		
				15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>10'</b> Direction <b>NE</b> Type <b>old well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <b>Aermotor</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>126</b> ft. capacity <b>5</b> g.p.m. Type: <b>10' Rebuilt Mill</b> <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
		(Use a second sheet if needed)				
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:		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 252</b> Business name _____ License No. _____ Address <b>Meade, Kansas 67864</b> Signed  Date <b>6-15-79</b> Authorized representative			

T 31 S R 34 E 9 NE SE NW 1/4 1/4 1/4 1/4

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

Form WWC-5