

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 Seward	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 24	Township number T 31 S R	Range number 34 <input checked="" type="checkbox"/> W
2. Distance and direction from nearest town or city: Street address of well location if in city: 18 1/2 N - 2 W of Liberal				3. Owner of well: R.R. or street: City, state, zip code: Dean Ives Satanta, Kansas 67870		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>5"</u> in. Completion date _____ Well depth <u>285</u> ft. <u>9-02-76</u>		
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
Top soil				0	7	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
Fine sand				7	20	9. Casing: Material <u>RMP</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>285</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265.33</u>
Med. to lar. sand, gravel & rocks				20	180	10. Screen: Manufacturer's name Jess & Lowell Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>40'</u> Set between <u>245</u> ft. and <u>285</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/16"</u>
Med. to lar. sand & gravel with clay streaks				180	290	11. Static water level: _____ mo./day/yr. <u>115</u> ft. below land surface Date <u>8/24/76</u>
						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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade
						15. Well grouted? <u>yy</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>70</u> ft. to <u>140</u> ft.
						16. Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number <u>SE50</u> HP <u>3</u> Volts <u>220</u> Length of drop pipe <u>189</u> ft. capacity <u>50</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other
(Use a second sheet if needed)						
18. Elevation:		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. <u>252</u> <u>Friesen Windmill & Supply</u> <input checked="" type="checkbox"/> Business name License No. _____ Address <u>Meade, Kansas</u> Signed <u>[Signature]</u> Date <u>9-28-76</u> Authorized representative		
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

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