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

WATER WELL RECORD
KSA 82a-1201-1215

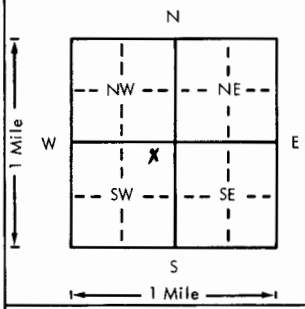
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Seward	NE 1/4 NE 1/4 SW 1/4	26	T 31 S	R 34 E/W

2. Distance and direction from nearest town or city:
5 S, 1 W, 3½ S, ~~½~~ ¼ E of Satanta
Street address of well location if in city:

3. Owner of well: Chuck Conover
R.R. or street:
City, state, zip code: Satanta, Ks.

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 9 7/8 in. Completion date
Well depth 242 ft. 4-6-79

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or ~~below~~
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 2.8 lbs./ft.
Dia. 5 in. to 242 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ~~STD~~ .265

5. Type and color of material	From	To
Med. Sand	0	3
Med. to Lar. Sand	3	160
Med. to Lar. Sand Gravel with clay streaks	160	190
Med. to Lar. Sand Gravel	190	248
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Peerless
Type PVC Dia. 5"
Slot/gauze fine Length 60'
Set between 182 ft. and 242 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/64 - 5/32

11. Static water level: mo./day/yr.
107 ft. below land surface Date 3/30/79

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 X No Date

14. Well head completion:
X Pitless adapter 18 Inches above grade

15. Well grouted? ___
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 10 Direction N Type old well
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Customers Windmill
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity 3 g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal XX Other

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
X 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.
Friesen Windmill 252
Business name License No.
Address Meade, Kansas 67864
Signed [signature] Date 6-15-79
Authorized representative

T 31 R 34 (W) Sec 26 1/4 NE 1/4 NE 1/4 SW 1/4

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

Form WWC-5

MI-1023