

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

NE SE SE

1 Location of well:	County <b>PRATT</b>	Township name	Fraction <b>NE 1/4 SW 1/4</b>	Section number <b>13</b>	Town number <b>T29</b>	Range number <b>R11W</b>
Distance and direction from nearest town or city:			3 Owner of well: <b>Bill Kennedy</b>			
Street address of well location if in city:			Address: <b>Sawyer Ka 67134</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>120</b> ft. Date of completion <b>3-26-75</b>		
<div style="text-align: center;">N</div> <div style="display: flex; justify-content: space-between;"> <span>W</span> <span>E</span> </div>		<div style="text-align: center;">S</div>		Well diameter <b>8</b> in.		
				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 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"/> Commercial <input type="checkbox"/> Test well		
				7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>27</b> in. Diam. <b>4</b> in. to <b>120</b> 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 <b>Peerless</b> Type <b>PVC</b> Dia. <b>4</b> Slot/gauze <b>0.35</b> Length <b>7'</b> Set between <b>113</b> ft. and <b>120</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b>	
<div style="text-align: center;">Clay</div> <div style="text-align: center;">sand</div> <div style="text-align: center;">Clay</div> <div style="text-align: center;">fine sand</div> <div style="text-align: center;">clay</div> <div style="text-align: center;">fine sand</div> <div style="text-align: center;">med sand</div>					9 Static water level:	
					<b>72</b> ft. below land surface Date <b>3-26-75</b>	
					10 Pumping level below land surfaces:	
					_____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>100</b> g.p.m.	
					11 Water sample submitted:	
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion:	
					<input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.	
					14 Nearest source of possible contamination:	
					ft. _____ Direction <b>None</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump:	
					<input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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 type="checkbox"/> Other	
16 Remarks: elevation					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. <b>LYMAN BROS 140</b> Business name _____ License No. _____ Address <b>410 N. 1st St</b> Signed <b>W. H. Lyman</b> Date <b>3-27-75</b> Authorized representative	

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

Form WWC-5