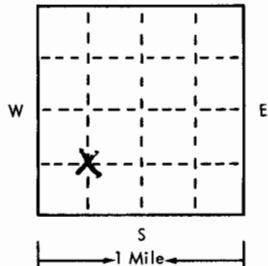


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Pratt	Township name	Fraction SW$\frac{1}{4}$	Section number 3	Town number 29 S	Range number 12 W																																																																			
Distance and direction from nearest town or city: 3 East & 3 North of Sawyer, Ks.			3 Owner of well: Herman Eckell Sawyer, Kansas																																																																						
Street address of well location if in city:			Address:																																																																						
Locate with "X" in section below: 			Sketch map:			4 Well depth: 219 ft. Date of completion 4/26/75 Well diameter 30 in.																																																																			
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>Soil</td><td></td><td>0</td><td>1</td></tr><tr><td>Clay</td><td></td><td>1</td><td>75</td></tr><tr><td>Med. to coarse sand & gravel</td><td></td><td>75</td><td>92</td></tr><tr><td>Clay</td><td></td><td>92</td><td>101</td></tr><tr><td>Fine to med. sand</td><td></td><td>101</td><td>108</td></tr><tr><td>Med. to coarse sand & gravel</td><td></td><td>108</td><td>143</td></tr><tr><td>Clay</td><td></td><td>143</td><td>146</td></tr><tr><td>Sandy clay</td><td></td><td>146</td><td>150</td></tr><tr><td>Med. to coarse sand & gravel</td><td></td><td>150</td><td>185</td></tr><tr><td>Clay</td><td></td><td>185</td><td>189</td></tr><tr><td>Fine to coarse sand with clay</td><td></td><td>189</td><td>192</td></tr><tr><td>Med. to coarse sand & gravel</td><td></td><td>192</td><td>200</td></tr><tr><td>Clay</td><td></td><td>200</td><td>205</td></tr><tr><td>Fine to coarse sand with clay</td><td></td><td>205</td><td>210</td></tr><tr><td>Fine to coarse sand & gravel</td><td></td><td>210</td><td>218</td></tr><tr><td>Clay</td><td>(use a second sheet if needed)</td><td>218</td><td>225</td></tr></tbody></table>			2	Type and color of material	From	To	Soil		0	1	Clay		1	75	Med. to coarse sand & gravel		75	92	Clay		92	101	Fine to med. sand		101	108	Med. to coarse sand & gravel		108	143	Clay		143	146	Sandy clay		146	150	Med. to coarse sand & gravel		150	185	Clay		185	189	Fine to coarse sand with clay		189	192	Med. to coarse sand & gravel		192	200	Clay		200	205	Fine to coarse sand with clay		205	210	Fine to coarse sand & gravel		210	218	Clay	(use a second sheet if needed)	218	225	5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
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			6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well																																																																						
			7 Casing: Material Stl Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 159 ft. depth Weight 36.75 lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																						
			8 Screen: Manufacturer Doerr Type Stl Dia. 16 " Slot/gauze 1/8 Length 60 " Set between 159 ft. and 219 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 x 3/8																																																																						
			9 Static water level: 108 ft. below land surface Date 4/26/75																																																																						
			10 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.																																																																						
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____																																																																						
			12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 12																																																																						
			13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Clay Depth: From 0 ft. to 12 ft.																																																																						
			14 Nearest source of possible contamination: Farm in Area ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																						
			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Layne Model number 12 RK HP 30 Volts ____ Length of drop pipe 160 ft. capacity 200 g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																																																						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. Layne Western Co. 102 Business name License No. Address Wichita, Kansas Signed [Signature] Date 4/30/75																																																																						

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

Form WWC-5