

USE TYPEWRITER OR BALL  
POINT PEN - PRESS FIRMLY  
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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: <u>Pratt</u>		Fraction: <u>SE 1/4 1/4 1/4</u>	Section number: <u>18</u>	Township number: <u>T 29 S</u>	Range number: <u>R 12 E/W</u>
2. Distance and direction from nearest town or city: <u>1 mile East 1 mile North of Sawyer, Kan.</u>		3. Owner of well: <u>Joel Brubaker Sawyer, Kansas</u> R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: Sketch map:  Well No. 4 (TH 2-75)		6. Bore hole dia. <u>30</u> in. Completion date <u>1/16/76</u> Well depth <u>194</u> ft.			
5. Type and color of material		From	To	7. <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 checked="" type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary	
Top soil		0	2	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Brown clay		2	12	9. Casing: Material <u>Stl</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36.91</u> lbs./ft. Dia. <u>16</u> in. to <u>134</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>134</u> ft. depth Gauge No. <u>2219</u>	
Med. to coarse sand & gravel		12	50	10. Screen: Manufacturer's name <u>Doerr</u> <u>Metal Products</u> Type <u>Stl</u> Dia. <u>16</u> " Slot/gauze <u>1/8</u> Length <u>60</u> ' Set between <u>134</u> ft. and <u>194</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 x 3/8</u>	
Clay		50	80	11. Static water level: <u>93.5</u> ft. below land surface Date <u>1/16/76</u> mo./day/yr.	
Med. to coarse sand & gravel		80	105	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.	
Clay		105	118	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
Md. to coarse sand & gravel		118	155	14. Well head completion: ____ Pitless adapter <u>12</u> inches above grade	
Clay		155	157	15. Well grouted? <u>yes</u> With: <u>Neat cement</u> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.	
Med. to coarse sand & med. gravel		157	183	16. Nearest source of possible contamination: ft. <u>6000</u> Direction <u>SW</u> Type <u>City</u> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Sandy clay		183	186	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Layne</u> Model number <u>12 RL</u> HP <u>7.5</u> Volts <u>440</u> Length of drop pipe <u>140</u> ft. capacity <u>200</u> g.p.m. 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	
Med. to coarse sand & med. gravel		186	193	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>Layne Western Co.</u> 102 Business name <u>Wichita, Kansas</u> License No. Address <u>Wichita, Kansas</u> Signed <u>[Signature]</u> Date <u>1/19/76</u> Authorized representative	
Red shale		193	195		
(Use a second sheet if needed)					
18. Elevation: <u>1903</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>25446</u> <u>29 12 18 NDX</u>			

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

Form WWC-5