

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

Correct by Telephone Call. DUB 11/1/74

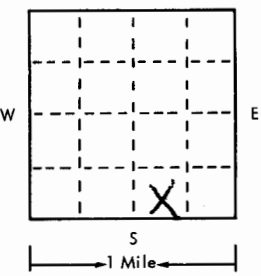
1 Location of well:	County <u>PRATT</u>	Township name <u>PAXON</u>	Fraction <u>SW 1/4 SE 1/4</u>	Section number <u>34</u>	Town number <u>29</u>	Range number <u>12 W</u>
Distance and direction from nearest town or city: <u>3 mi. E and 2 mi N of Sawyer, Kansas</u>				3 Owner of well: <u>Earl Short</u>		
Street address of well location if in city:				Address: <u>Sawyer, Kansas</u>		
Locate with "X" in section below: <div style="text-align: center;"> </div>				Sketch map: <div style="text-align: center;"> </div>		
2				Type and color of material From To <u>Sand</u> 1 85 <u>Clay</u> 85 90 <u>Sand, water sand</u> 90 108 <u>Well is pumped with wind mill and pump jack</u>		
				4 Well depth: <u>108</u> ft. Date of completion <u>10-25-74</u> Well diameter <u>4</u> 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 <input checked="" type="checkbox"/> <u>Stock + Public</u>		
				7 Casing: Material <u>PVC</u> Height: <u>3</u> ft. above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>3</u> in. ft. Diam. <u>4</u> in. to <u>10</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4</u> in. to <u>10</u> ft. depth		
				8 Screen: Manufacturer <u>Clayton Mark</u> Type <u>Galvanized</u> Dia. <u>1 1/4 in</u> Slot/gauze <u>60</u> Length <u>3 ft</u> Set between <u>105</u> ft. and <u>108</u> ft. Fittings: <u>Coarse gravel</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>		
				9 Static water level: <u>90</u> ft. below land surface Date <u>10/25/74</u>		
				10 Pumping level below land surfaces: <u>Not Applicable</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>10/25/74</u>		
				12 Well head completion: <u>"T" with 1 1/4 packing unit</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u> Depth: From <u> </u> ft. to <u> </u> ft.		
				14 Nearest source of possible contamination: <u>Barn</u> ft. <u>100</u> Direction <u>West</u> Type <u>yard</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Monitor Pump Jack</u> Model number <u>AZ</u> HP <u>3/4</u> Volts <u>110</u> Length of drop pipe <u>105</u> ft. capacity <u> </u> g.m.p. Type: <u>2 in.</u> <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation				17 Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Weber Well Service</u> <u>226</u> Business name License No. Address <u>Nashville, Kansas</u> Signed <u>Leon Weber</u> Date <u>10/25/74</u> Authorized representative		

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1 Location of well:	County PRATT	Township name PAXON	Fraction	Section number 34(29/12)	Town number 29	Range number 12	
Distance and direction from nearest town or city: 3 East 2 South Sawyer Kan			3 Owner of well: Earl Short Address: Sawyer Kansas				
Locate with "X" in section below: 			Sketch map:			4 Well depth: 108 ft. Date of completion 10/25/74 Well diameter 2 in. 4"	
2 Type and color of material			From			To	
			from 1 foot Two 85 foot Sand				
			from 85 foot Two 90 foot Clay				
			from 90 foot Two 105				
			Water Sand				
Well is Pump with Wind mill and Pump Jack.							
			8 Screen: Manufacturer Clayton Mark Type Galvanized Dia. 1 1/4 Slot/gauze 60 Length 36" Set between 105 ft. and 108 ft. Fittings: 1 1/4 Coarse gravel Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material				
			9 Static water level: 90 ft. below land surface Date 10/25/74				
			10 Pumping level below land surfaces: No 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: T 1 1/4" packing unit. <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade				
			13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From ft. to ft.				
			14 Nearest source of possible contamination: Barn ft. 100 Direction West Type good Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Monitor Pump Jack Model number AZ HP 3/4 Volts Length of drop pipe 105 ft. capacity g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input checked="" 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. Weber Well Service No 2264 Business name License No. Address Nashville Kansas Signed Don G. Weber Date 10/25/74 Authorized representative				

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



Form WWC-5