USE TYPEWRITER OR POINT PEN-PRESS FI								T R	EW sec 1/4	1/4 1/4 No.
PRINT CLEARLY.			WATER WEI)				Kansas State De (Water Well Co	
	Cana	of by Tely			. //	De	118	14/11/11	Forbes-Bldg. 74 Topeka, Kansas	40
	County	Township name	Fraction	Ch	Ť	n number	00	Town number	Range num	
1 Location of well:	Pa . 1+		5W1/4 S	cellu	Joenne	74/		29		.
Distance and direction	n from negrest town or c	PAXON		3 Owne	of well	Fa	ρl	Short	/2	ω
3mi. E a	and 2miN I location if in city:	of Sawyer,	Kansas	Addr				r, Kansas		
Locate with "X" in se	ection below:	Sketch map:		L			4 W	ell depth:	ft. Date of comple	etion <u>10-25</u> -74
[1 1 1							Cable tool Rotary		Dug
							_	Hollow rod Jetted		
w	E						6 Us	e: Domestic	Air conditioning	Commercial
							7 Cc	using: Material P		
	<u>ı </u>							nreaded Welded	Surface Surface	
<u> </u>	Mile-							4 in. to 10 ft. de	epth Drive shoe?	Yes X No
2	Туј	oe and color of material			From	То		in. to ft. de	pth !	
Sand	/				1	85	М	anufacturer <u>LA</u> pe (ALUAN i 22		k Ver in
Clau			7		85	90	SI	ot/gauze 65 ft.	Length3	36+
City	1 +	. (Fi	ttings:	Coa	ese gravel
Sand	, water	Sand			90	108		ravel pack 🔀 Yes atic water level:	No Size range of	material
							9 31	ft. below land s	urface Date 10/2	25/14
welli	s pampeo	with 2	Wind K	2:11				mping level below lan		
24.0	1 piers	in t					_	ft. after ft. after	_hrs.pumping _ _hrs.pumping _	g.p.m.
- Check	fung	Jain						timated maximum yield		n.
			··-				11 W	ater sample submitted: Yes No	Date 10/25/	724
							12 W	ell head completion:	ואו אואנגייד	PACKING FLNIT
								Pitless adapter	☐ Inches abo	ve grade
								Neat cement Be		
								epth: From ft.		ρ.
							ft	earest source of possib Direction	West T	ype yard
							15 Pu	ell disinfected upon c	ompletion? U Ye	
							M	anufacturer's name 1 odel number 1	MONITOR PO	LMP JACK
							M Le	ength of drop pipe 💯	5 ft. capacity.	Volts _//0 g.m.p.
		A					<u>T</u>	pe: 2/	w	.,,,,
							_	Submersible Jet	□ Turbine ☐ Reciprocate	ting
	(us	e a second sheet if needed)					=	Certrifugal	Other	

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

16 Remarks: elevation

Topography: Hill

Slope

Upland
Valley

Form WWC-5

License No.

Date 10/25

Business name

Address -

17 Water well contractor's certification:

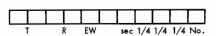
Signed Leon Weber

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Authorized representative

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

WATER WELL RECORD KSA 82a-1201-1215



Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620

		I	T				-		
1 Location of well:	County	Township name	Fraction		Section number		(2)	Town number	Range number
	PrATT	PAXON			34		12)		12
Distance and direction	on from nearest town or cit	y: 3 East		3 Owner	of well	$=$ α	ai	& Short	
Street address of we	II location if in city:	2 South Saw	J. D.	Addre	ess:	La	w	for Koms	~ │
Locate with "X" in s	section below:	Sketch map:	per now					dept ft. D	ate of completion 1025 ~ 75
	1 1 1					ŀ		Cable tool Rotary	Driven Dug
	1 1 1					_		Hollow rod Detted	Bored Reverse rotary
w	E							Domestic Public	nditioning Commercial
	<u> </u>						Thr	eaded 🖬 Welded 🔲 iS	urface
<u> </u>	S Mile						$\frac{D_{io}}{2}$	m. in. to 105 ft. depth 0	/eight lbs./ft Prive shoe? \[Yes \[\int No
2	Тур	e and color of material			From	То	8 Scr	in. toft. depth	100 11
Su	on Ls	at Turo 8	5/est	San	f		Ma Typ	nufacturer <u>Clay to</u> e <u>Calumnizel</u> D	ia. 14
1	85/	1. + tun	91	× CA			Slo	t/gauze <u>60</u> Lobetween <u>105</u> ft. and .	ength
1	an on	1 1 +	10 fres		7		Fitt	rings: 144	Coaxee geoval
- F	in top	est suo	705					ivel pack 🔀 Yes 🗌 No	Size range of material
			Water	54	nd		9 519	tic water level: Oft. below land surface	Date (0/25/14
								nping level below land surf	
Well	is. Pen	as with	Wind	mil	/		_		pumping g.p.m.
		one B	0	1,				mated maximum yield —— ter sample submitted:	g.p.m.
		com 0	une Ja	4				Yes ZNo Date	
									1 1/4" procking user. Inches above grade
									X №
			_					Neat cement Bentoni	
							14 Ne	arest source of possible con/00 Direction W	ntamination: Barr
						<u> </u>		Il disinfected upon comple	
			****				15 Pum Ma	nufacturer's name <u>Mo</u>	
								1000	P Volts g.m.p.
	-						Тур	_	Turbine
	(use	a second sheet if needed)							Reciprocating Other
16 Remarks; elevati	ion				-		17 Wat	ter well contractor's certif	cation:
Topography: Hill Slope XUpland Valley)		DRFOFT 7 DIVIL	14/ 01/97 01/97	4	repo <u>U</u> Busi	well was drilled under my ort is true to the best of my less with the mess name dress which will be a driver of the mess of th	knowledge and belief. License No. License No. Low Date 25 74
Forward the white, bl	ue and pink copies to the h	Kansas State Dept. Of Hed	olth.	ENVIRO ENVIRO	EALTH	35	1		Form WWC-5
			•	Tier	110				