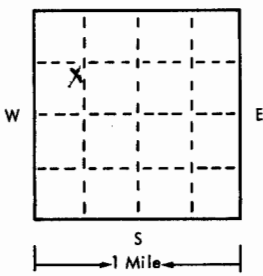


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 COMANCHE	Township name PROTECTION	Fraction NE 1/4 SW 1/4 NW 1/4	Section number 7	Town number 32	Range number 20
Distance and direction from nearest town or city: 4 - N., 3 W., 3/4 N				3 Owner of well: JOY HENDRIX		
Street address of well location if in city:				Address: PROTECTION, KANS. 67127		
Locate with "X" in section below:		Sketch map:		4 Well depth: 42 ft. Date of completion 4-18-75 Well diameter 8 in.		
				5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
2		Type and color of material		From	To	6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☒ PASTURE
		DUNE SAND		0	12	7 Casing: Material RMP Height: above below Threaded ☐ Welded ☐ Surface 20 in. Diam. 5 in. to 42 ft. depth Drive shoe? ☐ Yes ☒ No 5 in. to 42 ft. depth
		SANDY CLAY		12	32	8 Screen: Manufacturer JESS + LOWELL Type RMP Dia. 5 Slot/gauze SAN CUT Length 10' Set between 22 ft. and 42 ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material 6-3/4
		SAND - GRAVEL		32	42	9 Static water level: 23 ft. below land surface Date 4-18-75
		STOPPED IN GRAVEL				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: ☐ Yes ☐ No Date ____
						12 Well head completion: ☐ Pitless adapter 26 inches above grade
						13 Well grouted? ☒ Yes ☐ No ☐ Neat cement ☐ Bentonite ☒ CONCRETE Depth: From 10 ft. to 20 ft.
						14 Nearest source of possible contamination: in Pasture ft. ____ Direction ____ Type ____ Well disinfected upon completion? ☒ Yes ☐ No
						15 Pump: ☐ Not installed Manufacturer's name AERMOTER Model number HP WIND Volts ____ Length of drop pipe 40 ft. capacity ____ g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☒ Reciprocating ☐ Centrifugal ☐ Other
16 Remarks: elevation		(use a second sheet if needed)		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. WYMER BLACKSMITH SHOP 125 Business name PROTECTION, KS. 67127 License No. ____ Address: PROTECTION, KS. 67127 Signed Kenneth Wymer Date 4-23-75 Authorized representative		

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

Form WWC-5