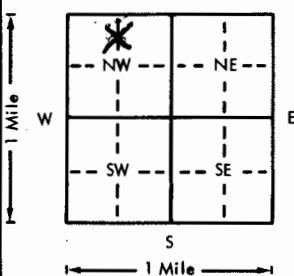


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

C N 1/2 NW 1/4

1. Location of well:		County Comanche	Fraction NW 1/4 1/4 1/4	Section number 27	Township number T 32 S	Range number R 20 X/W
2. Distance and direction from nearest town or city: 2 miles North of Protection Street address of well location if in city:			3. Owner of well: Charles Peterson Protection, Kansas City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>30</u> in. Completion date _____ Well depth <u>91</u> ft. <u>3/20/76</u>		
		Well No. 1 (TH 1-76)		7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
				8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other <input type="checkbox"/>		
5. Type and color of material		From	To	9. Casing: Material <u>Stl</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>51</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>219</u>		
Sandy soil		0	2	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>40'</u> Set between <u>51</u> ft. and <u>91</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 x 1/2</u>		
Silty sand		2	8	11. Static water level: _____ mo./day/yr. <u>16</u> ft. below land surface Date <u>4-19-76</u>		
Brown clay		8	29	12. Pumping level below land surfaces: <u>31.7</u> ft. after <u>3</u> hrs. pumping <u>800</u> g.p.m. <u>37.4</u> ft. after <u>4</u> hrs. pumping <u>1000</u> g.p.m. Estimated maximum yield _____ g.p.m.		
Med. to coarse sand & gravel w/clay lens		29	50	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Gray clay		50	54	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Med. to coarse sand & gravel		54	90	15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.		
Red shale		90		16. Nearest source of possible contamination: ft. <u>3500</u> Direction <u>South</u> Type <u>Farm</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Layne</u> Model number <u>12RM</u> HP <u>60</u> Volts _____ Length of drop pipe <u>60</u> ft. capacity _____ 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		
				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 _____ License No. _____ Address <u>Wichita, Kansas</u> Signed <u>[Signature]</u> Date <u>3/22/76</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

22
20
27 NW
1/4 1/4 1/4
Sec

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

Form WWC-5