

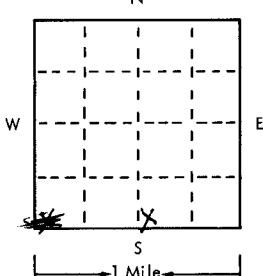
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

# LEXINGTON

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <b>CLARK</b>	Township name <b>LEXINGTON</b>	Fraction <b>SWSWSE</b>	Section number <b>13</b>	Town number <b>32</b>	Range number <b>21</b>		
Distance and direction from nearest town or city: <b>4 N, 4 W OF PROTECTION, KS</b>			3 Owner of well: <b>GENE LOESCH</b> Address: <b>PROTECTION, KS. 67127</b>					
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			4 Well depth: <b>29</b> ft. Date of completion: <b>11-12-74</b> Well diameter: <b>9</b> in.		
2 Type and color of material			From To			5 <input checked="" 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 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"/> <b>Stock Water</b>		
SAND-CLAY MIX, REDDISH			0 20			7 Casing: Material <b>STYRENE</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input checked="" type="checkbox"/> <b>1 1/2</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>5</b> in. to <b>29</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
SAND			20 28			8 Screen: <b>Jess + Lowell</b> Manufacture: _____ Type <b>Styrene</b> Dia. <b>5 in</b> <b>Saw Cut</b> Length <b>10 ft</b> Set between <b>19</b> ft. and <b>29</b> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/8</b>		
CLAY - BLUE-BLACK			28 29			9 Static water level: <b>10</b> ft. below land surface Date <b>11-12-74</b>		
NOT TO BLOCK						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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
						12 Well head completion: <b>16"</b> <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>Concrete</b> Depth: From <b>10</b> ft. to <b>17</b> ft.		
						14 Nearest source of possible contamination: ft. <b>CATTIE</b> Direction <b>ON N.W. Sides</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation <b>will be pumped by windmill</b> <b>6 1/2" iron pipe set in concrete at top of well to protect plastic casing and hold drop pipe</b> <b>1940</b> <b>Well is 1/4 mi. from house and out buildings</b>						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. <b>WYMER BLACKSMITH 228</b> Business name _____ License No. _____ Address <b>PROTECTION KS</b> Signed <b>Wymers</b> Date <b>11-16-74</b> Authorized representative		

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

Form WWC-5

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