

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

1. Location of well:		County <b>COMANCHE</b>	Fraction <b>SE 1/4 SE 1/4 SW 1/4</b>	Section number <b>3</b>	Township number <b>T 33</b>	Range number <b>S R 19 W E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			<b>5 1/2 mi. E. of PROTECTION</b> 3. Owner of well: <b>TOMMY JELLISON</b> R.R. or street: City, state, zip code: <b>PROTECTION, KS 67127</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>4</b> in. Completion date <b>10-15-77</b> Well depth <b>30 1/2</b> ft.	
					7. <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	
5. Type and color of material			From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
CLAY TOPSOIL DARK GRAY			0	4	<input checked="" type="checkbox"/> Casing: Material <b>RMP</b> Height: <b>Above</b> or below <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>30 1/2</b> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth Casing No. <b>250</b>	
SANDY CLAY GRAY			4	12	<input checked="" type="checkbox"/> Screen: Manufacturer's name <b>WESS + LOWELL</b> Type <b>RMP</b> Dia. <b>5</b> Slot/gauze <b>SAW</b> Length <b>13 ft</b> Set between <b>17 1/2</b> and <b>30 1/2</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8 - 3/4</b>	
CLAY-SAND "			12	30	11. Static water level: _____ mo./day/yr. <b>17</b> ft. below land surface Date <b>10-10-77</b>	
CLAY, RED			30	31	12. 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.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
					16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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	
18. Elevation:			19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			<b>LOW YIELD, BECAUSE OF SAND-CLAY MIX.</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>WYMER BLACKSMITH SHOP</b> Business name License No. _____ Address <b>PROTECTION KS. 67127</b> _____ Signed <b>Kenneth S. Wymer</b> Date <b>10-21-77</b> Authorized representative	

R 3 19 W 3 SE SEC 30  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5