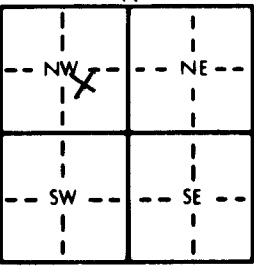


1 LOCATION OF WATER WELL: Fraction E 1/2 NW 1/4 SE 1/4 NW 1/4 Section Number 3 Township Number T 33 S Range Number R 20 E 10
 County: COMANCHE

Distance and direction from nearest town or city street address of well if located within city?
111 & 220 N. BROADWAY PROTECTION, KS 67127

2 WATER WELL OWNER: ORIN LOCKS/MONA ALLENDE Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: (SAME AS ABOVE) Application Number: _____
 City, State, ZIP Code: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 29.5' ft. ELEVATION: 1910'
 Depth(s) Groundwater Encountered 1. 20' ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 8" in. to 30" ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well PMW-20
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 14' 7 Fiberglass Threaded X
 Blank casing diameter 2 in. to SURFACE ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface FLUSH in., weight _____ lbs./ft. Wall thickness or gauge No. sch 40
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 29.5' ft. to 14.5' ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 30.0' ft. to 17.5' ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 17.5' ft. to SURFACE ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? _____ How many feet? 25'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2.5	FILL			
2.5	10	Lt. Brown SILT, DRY			
10	14	BROWN SAND (FINE) DRY			
14	15.5	BROWN SILTY CLAY, DRY			
15.5	21	RED BROWN SAND (med) DRY			
21	30	Lt. BROWN SAND (med) wet			

RECEIVED
 OCT 18 1993
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 9/17/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 10-15-93 under the business name of Hunziker Drilling by signature David Hunziker

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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