

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

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 COMANCHE	Township name PROTECTION	Fraction NE SE NE	Section number 3	Town number 335	Range number 20W				
Distance and direction from nearest town or city: AT EAST EDGE OF CITY OF PROTECTION, MO.				3 Owner of well: RODNEY BROWN, DR MRS BONNIE BROWN						
Street address of well location if in city: 209, block 69				Address: PROTECTION, KAN 67127						
Locate with "X" in section below:		Sketch map:		4 Well depth: 31 ft. Date of completion 9-1-75 Well diameter 8 in.						
				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						
2		Type and color of material		From		To		7 Casing: Material RMP Height: above 4 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 31 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
								8 Screen: JESS + LOWELL Manufacturer _____ Type RMP Dia. 3 Slot/gauze RAW CUT Length 15 Set between 16 ft. and 31 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
BLOW SAND				0		16		9 Static water level: 13 ft. below land surface Date 9-1-75		
FINE SAND				16		27		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.		
RED CLAY				27		31		11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
								12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input 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"/> CONCRETE Depth: From 2 ft. to 13 ft.		
								14 Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ 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 top of RMP closed with well seal 8" iron pipe set in concrete slab to protect RMP, steel cap fitted on iron pipe. customer installed own pump make + model not known								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 228 Business name _____ License No. _____ Address PROTECTION, KS. 67127 Signed Henneth Wymer Date 9-22-75 Authorized representative		

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

Form WW-5