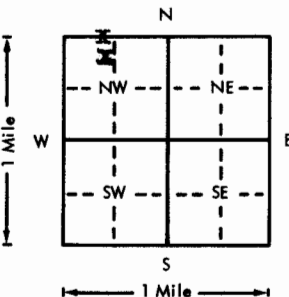


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>24</b>	Township number <b>T 34s</b>	Range number <b>S R 20W E/W</b>
2. Distance and direction from nearest town or city: <b>1E, 8s, 1e</b> Street address of well location if in city: <b>of Protection, Ks.</b>			3. Owner of well: R.R. or street: <b>Lemon &amp; Barbee Ranch</b> City, state, zip code: <b>Protection, Ks. 67127</b>		
4. Locate with "X" in section below: <div style="text-align: center;">  </div>			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <b>9</b> in. Completion date <b>1-6-78</b> Well depth <b>29</b> ft.
Top soil			0	2	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
red clay			2	12	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
gyp rock very hard			12	14	9. Casing: Material <b>RMP</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>29</b> ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth gage No. <b>25</b>
gyp rock			14	17	10. Screens: Manufacturer's name <b>Jess &amp; Lowell</b> <b>RMP</b> Type <b>RMP</b> Dia. <b>5</b> Slot/gauze <b>saw cut</b> Length <b>17</b> Set between <b>12</b> ft. and <b>29</b> ft. _____ ft. and _____ ft.
soft white rock			17	27	<input checked="" type="checkbox"/> Gravel pack? <input type="checkbox"/> Size range of material <b>1/16-8/4</b>
red clay			27	29	11. Static water level: <b>11</b> ft. below land surface Date <b>1-6-78</b> <small>mo./day/yr.</small>
					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.
					<input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
					14. Well head completion: <b>14</b> <input type="checkbox"/> Pitless adapter _____ 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.
					<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. <b>100</b> Direction <b>S.E.</b> Type <b>canal</b> 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
					(Use a second sheet if needed)
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  <b>well is in flat area, no hill or slope for miles</b>		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. <b>Wymer Blacksmith Shop 228</b> Business name _____ License No. _____ Address <b>Protection, Ks. 67127</b> Signed <b>Berneth Wymer</b> <small>1-8-78</small> Authorized representative _____		

T 34 S  
 R 20 W  
 Sec 24 NE 1/4 NW 1/4

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

Form WWC-5