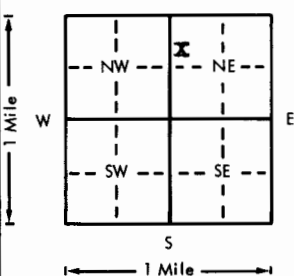


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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: <b>C</b>	County <b>Comanche</b>	Fraction <b>SW 1/4 NW 1/4 NE 1/4</b>	Section number <b>7</b>	Township number <b>T 35 S R 19W E/W</b>	Range number <b>19W E/W</b>
2. Distance and direction from nearest town or city: <b>13 m. S. of Protection, Ks., 3E.</b>			3. Owner of well: <b>Box Ranch Grazing Assn, Inc.</b> R.R. or street: <b>Richard Deyoe, Mayo Route, Box 4c</b> City, state, zip code: <b>Coldwater, Ks. 67029</b>		
4. Locate with "X" in section below: N  W E S 1 Mile			6. Bore hole dia. <b>8.75</b> in. Completion date _____ Well depth <b>55</b> ft. <b>8-1-79</b>		
5. Type and color of material			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		
			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		
From To			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>13 Above</b> in. RMP <b>RMP</b> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>55</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>250</b>		
			10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>RMP</b> Dia. <b>5</b> in. Slot/gauze <b>saw</b> Length <b>10</b> ft. Set between <b>45</b> ft. and <b>55</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <b>1/16-3/4</b>		
Red clayey sand, very fine grains			11. Static water level: _____ mo./day/yr. <b>14</b> ft. below land surface Date <b>8-1-79</b>		
Good water sand mixed with clay			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.		
Brown clay			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>15</b> inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> yes 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: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>30 in. of iron pipe set in concrete to hold pump and protect casing.</b>  <b>W</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>Box 78, Protection, Ks. 67129</b> Signed <b>Renneth L. Wymer</b> Date <b>8-5-79</b> Authorized representative	

35 190 - 7 SW NW NE  
R  
1/4  
1/4

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

Form WWC-5