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	Fraction	Section number	Township number	Range number
	Comanche	X 1/4 N½ 1/4 ne 1/4	9	T 35 S	R 20 E/W

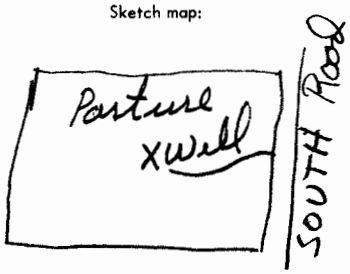
2. Distance and direction from nearest town or city:
Street address of well location if in city: 14 Miles S. of Protection, Ks.

3. Owner of well: Box Ranch Graxing Assn.
R.R. or street:
City, state, zip code: Coldwater, Kansas 67029

4. Locate with "X" in section below:

N
NW | X NE
W | E
SW | SE
S
1 Mile ← → 1 Mile

Sketch map:



6. Bore hole dia. 9.75 in. Completion date May 25, 1978
Well depth 105 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material pits gl Height: Above or below
Threaded ___ Welded ___ Surface 18 in.
RMP X PVC ___ Weight 1.8 lbs./ft.
Dia. 5 in. to 105 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 0.250

5. Type and color of material	From	To
Surface	0	3
Sand	3	10
Clay	10	30
Fine sand	30	47
Red clay	47	93
White Rock	93	105
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jess and Lowell
Type RMP Dia. 5 in.
Slot/gauze .06 Length 20 ft.
Set between 85 ft. and 105 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ¼ - 1/8

11. Static water level: mo./day/yr.
60 ft. below land surface Date 5-25-78

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 X No Date

14. Well head completion: NC
__ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 13 ft.

16. Nearest source of possible contamination: nc
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:

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.
Hodde Drilling Co. 302
Business name License No.
Address RR # 3 Dodge City, Ks
Signed Willie Hodde Jr. Date 6-20-78
Authorized representative

35 T 20 R (W) 9 Sec NW NE 1/4 1/4 1/4

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

Form WWC-5

M1-1023