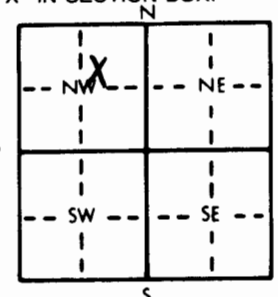


mw-1

1 LOCATION OF WATER WELL: County: **Comanche** Fraction: **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$ **NW** $\frac{1}{4}$ Section Number: **3** Township Number: **T 33 S** Range Number: **R 20** **EW**

Distance and direction from nearest town or city street address of well if located within city?
401 N. Broadway (on facility property)

2 WATER WELL OWNER: RR#, St. Address, Box # **Protection Cooperative** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code **401 N. Broadway, Protection, Ks** Application Number: **-----**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **25** ft. ELEVATION: **-----**
 Depth(s) Groundwater Encountered: 1. **20** ft. 2. **-----** ft. 3. **-----** ft.
 WELL'S STATIC WATER LEVEL: **17** ft. below land surface measured on mo/day/yr **2/22/96**
 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: **8.625** in. to **-----** 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 **mw-1**
 Was a chemical/bacteriological sample submitted to Department? Yes **-----** No **X**; If yes, mo/day/yr sample was submitted **-----**
 Water Well Disinfected? Yes **-----** No **-----**

5 TYPE OF BLANK CASING USED: 1 Steel 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued **-----** Clamped **-----** Welded **-----** Threaded **X**
 Blank casing diameter: **2** in. to **10** ft., Dia. **-----** in. to **-----** ft., Dia. **-----** in. to **-----** ft.
 Casing height above land surface: **0** in., weight **SCH 40 PVC** lbs./ft. Wall thickness or gauge No. **-----**
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) **-----** 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) **-----** 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **10** ft. to **25** ft. From **-----** ft. to **-----** ft. From **-----** ft. to **-----** ft.
 SAND GRAVEL PACK INTERVALS: From **9** ft. to **25** 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 **20** ft. to **7** ft. From **3** ft. to **7** ft. From **9** ft. to **-----** ft. From **-----** ft. to **-----** ft.
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 **Other (specify below)** **Contaminated Si**
 Direction from well? **-----** How many feet? **-----**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	2.00	Concrete			
2.00	10.00	Clay, Silt, dark brown, moist			
10.00	15.00	Silt, Clay, Brown, Moist			
15.00	20.00	Sand, fine, some clay, black to brown, moist			
20.00	25.00	Sand, Fine to med. gray to black, wet			
25.00	TD	End of Borehole			
40.50	TD	End of Borehole			
					Flush Mount waiver D. Taylor 10/12/95

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) **2/22/96** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **3/16/96** under the business name of **Associated Environmental, Inc.** by (signature) *Deborah for Dawn Duncan*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to 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.

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