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|---------------------------|-----------------------------|----------------|-----------------|--|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: <u>Comanche</u> | <u>SW 1/4 NE 1/4 NW 1/4</u> | <u>3</u> | <u>33</u> | <u>20</u> EW |

Distance and direction from nearest town or city street address of well if located within city?
401 N Broadway

2 WATER WELL OWNER: Protection Cooperative MW 6
 RR #, St. Address, Box #: 401 N Broadway
 City, State, ZIP Code : Protection KS 67127 Board of Agriculture, Division of Water Resources
 Application Number: _____

| | | | | | | | | | | | | |
|---|--|---------------------------|-----------------------|--------------|--------------|--------------------------|---------------------------|-----------|----------------------------|-------------------|--------------|--------------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF WELL <u>20</u> ft. | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL ft. | | | | | | | | | | | |
| | WELL WAS USED AS: | | | | | | | | | | | |
| | <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><u>10</u> Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <u>10</u> Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning |
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| 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | |
| Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u> | | | | | | | | | | | | |

5 TYPE OF BLANK CASING USED:

| | | | | |
|--------------|------------|-------------------|-----------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) |
| <u>2</u> PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter 2 in. Was casing pulled? Yes No X If yes, how much
 Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil 0-3
 Grout Plug Intervals: From 3 ft. to 20 ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

| | | | |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank | 6 Seepage pit | <u>11</u> Fuel storage | 16 Other (specify below) |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? How many feet?

| FROM | TO | PLUGGING MATERIALS |
|----------|-----------|--------------------|
| <u>0</u> | <u>3</u> | <u>Soil</u> |
| <u>3</u> | <u>20</u> | <u>Bentonite</u> |
| | | |
| | | |
| | | |
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| | | |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/9/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 8/28/06 under the business name of Larsen + Associates
 by (signature) Kelly Gunn

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.