

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Comanche</u> Fraction <u>SW 1/4 NE 1/4 NW 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                               | Section Number <u>3</u>                                                                                                                                                                                                                      | Township Number <u>T 33 S</u> | Range Number <u>R 20 E/W</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city? <u>401 N. Broadway</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: <u>37°12'12.8"</u><br>Longitude: <u>99°29'00.5"</u><br>Elevation: <u>PIN 1849.90 TOC 1849.60</u><br>Datum: _____<br>Data Collection Method: <u>Survey</u> |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| <b>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box # : <u>Protection Coop</u><br>City, State, ZIP Code : <u>401 N. Broadway</u><br><u>Protection, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                               | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>28</u> ..... ft. <span style="float:right"><u>NW 9R</u></span>                                                                                                                                     |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br>W<br>E<br>S<br><br><table border="1" style="margin: 10px auto; width: 100px; height: 100px;"> <tr><td>-- NW --</td><td>-- NE --</td></tr> <tr><td>-- SW --</td><td>-- SE --</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -- NW --                                                                                                                                                                                      | -- NE --                                                                                                                                                                                                                                     | -- SW --                      | -- SE --                     | Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....<br>Pump test data: Well water was..... ft. after..... hours pumping..... gpm<br>Est. Yield..... gpm: Well water was..... ft. after..... hours pumping..... gpm<br><b>WELL WATER TO BE USED AS:</b> 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 <u>Monitoring well</u> |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -- NW --                                                                                                                                                                                      | -- NE --                                                                                                                                                                                                                                     |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -- SW --                                                                                                                                                                                      | -- SE --                                                                                                                                                                                                                                     |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? Yes ..... No <u>X</u> ..... |                                                                                                                                                                                                                                              |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| <b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....<br><u>2 PVC</u> 4 ABS 7 Fiberglass ..... Threaded <u>X</u> .....<br>Blank casing diameter ..... in. to ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... in., Weight..... lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) .....<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) .....<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>18</u> ft. to <u>29</u> ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>16</u> ft. to <u>29</u> ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                   |                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other .....<br>Grout Intervals: From <u>2</u> ft. to <u>16</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon <u>11 Fuel storage</u> 14 Abandoned water well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well<br>Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>1</td> <td>clay w/silt, brown, dry, slightly stiff, no odor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>5</td> <td>AA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>9</td> <td>silt, w/clay, soft, damp, light brown, no odor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>15</td> <td>AA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18</td> <td>20</td> <td>sand w/silt, some clay med-coarse grained, lt. brown, moist wet</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>28</td> <td>Some pebble size grains</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                               |                              | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 6 | 1 | clay w/silt, brown, dry, slightly stiff, no odor |  |  |  | 3 | 5 | AA |  |  |  | 7 | 9 | silt, w/clay, soft, damp, light brown, no odor |  |  |  | 13 | 15 | AA |  |  |  | 18 | 20 | sand w/silt, some clay med-coarse grained, lt. brown, moist wet |  |  |  |  | 28 | Some pebble size grains |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO                                                                                                                                                                                            | LITHOLOGIC LOG                                                                                                                                                                                                                               | FROM                          | TO                           | PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                                                                                                                             | clay w/silt, brown, dry, slightly stiff, no odor                                                                                                                                                                                             |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5                                                                                                                                                                                             | AA                                                                                                                                                                                                                                           |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9                                                                                                                                                                                             | silt, w/clay, soft, damp, light brown, no odor                                                                                                                                                                                               |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15                                                                                                                                                                                            | AA                                                                                                                                                                                                                                           |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 20                                                                                                                                                                                            | sand w/silt, some clay med-coarse grained, lt. brown, moist wet                                                                                                                                                                              |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 28                                                                                                                                                                                            | Some pebble size grains                                                                                                                                                                                                                      |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/8/16</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>8/30/16</u> under the business name of <u>Larsen &amp; Associates</u> by (signature) <u>[Signature]</u><br><b>INSTRUCTIONS:</b> 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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. Visit us at <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> . |                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |    |                    |   |   |                                                  |  |  |  |   |   |    |  |  |  |   |   |                                                |  |  |  |    |    |    |  |  |  |    |    |                                                                 |  |  |  |  |    |                         |  |  |  |