

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Comanche

Location listed as:

Location changed to:

Section-Township-Range: 3

3-335-20W

Fraction (1/4 1/4 1/4): SW NE NW

SW NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: written & legal description, latitude & longitude, KGS' "LEO" conversion tool, and mapping tool on KGS website. initials: DR date: 12/13/2007

WATER WELL RECORD

Form WWC-5

Division of Water Resources: Ap

1 LOCATION OF WATER WELL: County: Comanche	Fraction SW ¼ NE ¼ NW ¼	Section Number 3	Township T	Protection Cooperative U1-017-00242
Distance and direction from nearest town or city street address of well if located within city? 401 North Broadway Protection, KS 67127		Global Positioning System Latitude: N 37.20403° Longitude: W 99.48351° Elevation: 1850.53 RIM Datum: above mean s Data Collection Method: legal survey		
2 WATER WELL OWNER: Protection Cooperative RR#, St. Address, Box # : 401 N. Broadway City, State, ZIP Code : Protection, KS 67127				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 30 ft.			
	MW11			
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
WELL'S STATIC WATER LEVEL 18.87 ft. below land surface measured on mo/day/yr 8/16/07				
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr				
Sample was submitted _____ Water Well Disinfected? Yes _____ No X				

5 TYPE OF CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
2 PVC	4 ABS	7 Fiberglass		Threaded X	
Blank casing diameter 2 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface 0.44 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	9 ABS	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot	3 Mill slot	5 Gauze wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 15 ft. to 30 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 13 ft. to 30 ft. From _____ ft. to _____ ft.					

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other concrete, 0-3'
Grout Intervals From 3 ft. to 13 ft. From _____ ft. to _____ ft.		What is the nearest source of possible contamination:			
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	
Direction from well? West		How many feet? ~270			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5'	Gravel fill			
0.5'	9'	Sand w/ clay, brown			
9'	14'	Caliche			
14'	18.5'	Silty-clay, gray-brown, interbedded w/ sandy-clay layers			
18.5'	30'	Silty-sand w/ silt, well sorted, wet			
					Flushmount waiver from BOW

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) **7/17/07** 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) **8/24/07** under the business name of **Larsen & Associates, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks 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 constructed well. Visit us at <http://www.kdheks.gov/waterwell>.