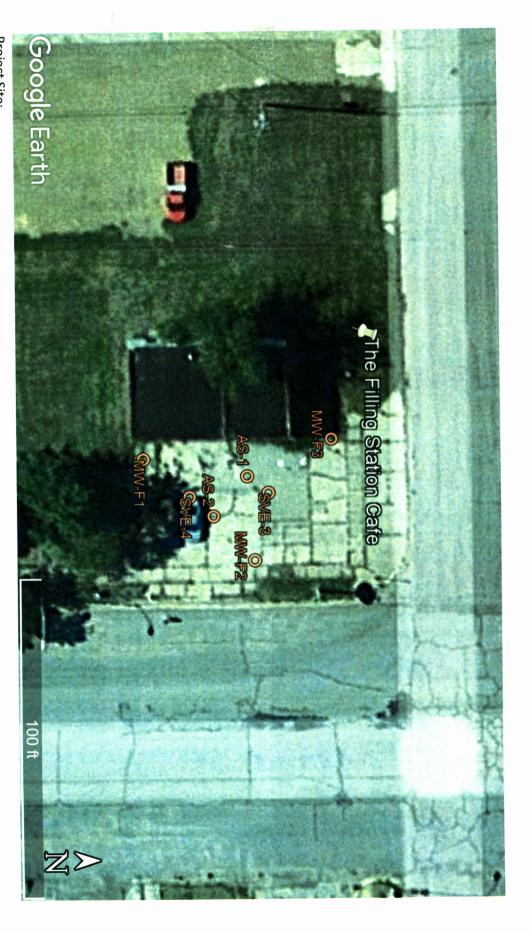
		RECORD	Form '	WWC-5]	Division of	f Water			AS1		
				ge in Well Use	R	Resources A	App. No.		Well ID			
1 LOCATION OF WATER WELL:			LL:	Fraction		Section N	umber	Township Numb	Township Number Range			
County: Comanche				SE 1/4 NW 1/4 SE 1/4	NW 1/4	3		T 33 S		R 20 □ E ■ W		
2 WELL	OWNER:	Last Name: Mat	thews	First: Sue	Street or Rural Address where well is located (if unknown, dista					distance and		
Business	The Fillin	g Station Ca	fe		direction from nearest town or intersection): If at owner's address, check here:							
Address: 109 N. Broadway Avenue												
City:	Protectio	n	State: KS	ZIP: 67127								
3 LOCAT												
WITH "		1		APLETED WELL: .								
I .	ON BOX:			Encountered: 1)				le:				
1	N		2) ft. 3) ft., or 4) Dry Well WELL'S STATIC WATER LEVEL: ft.					1 Datum: WGS 8		83 ∐ NAD 27		
			below land surface, measured on (mo-day-yr)					Source for Latitude/Longitude: GPS (unit make/model:)				
NW	NE		above land surface, measured on (mo-day-yr)									
''X'	I WE		Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
l w	E		after hours pumping gpm				Online Mapper: Google Earth					
SW SE			Well water was ft.									
3W	135	after	after hours pumping gpm			6 1	6 Elevation: 1858ft. ■ Ground Level □ TOC					
S Bore Hole			ed Yield:gpm ole Diameter:8 in. to34 ft. and			0 1	Source: Land Survey GPS Topographic Map					
							Other Google Earth					
7 WELL WATER TO BE USED AS:												
1. Domestic				ater Supply: well ID		10	□ Oil Fi	eld Water Sunnly 1	ease			
House		6. F	ng: how many wells?	10.	10. Oil Field Water Supply: lease							
			echarge: well ID		☐ Cased ☐ Uncased ☐ Geotechnical							
☐ Livestock 8. ☐ Monitorin				g: well ID	well ID			12. Geothermal: how many bores?				
2. 🗌 Irrigation 9. Environmental				al Remediation: well II				l Loop 🔲 Horizon	Loop Horizontal Vertical			
3. ☐ Feedlot ☐ Air Sparge									☐ Surface Discharge ☐ Inj. of Water			
4. 🔲 Indust	rial		Recovery	☐ Injection		13.	Other	(specify):		•••••		
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:												
Water well disinfected? Yes No												
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other												
Casing diameter												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
SCREEN-PERFORATED INTERVALS: From31.5 ft. to34 ft., From ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From 6.5 ft. to 34 ft., From ft. to ft., From ft. to ft.												
9 GROUT MATERIAL: Next cement Cement grout Rentanite Cother												
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other												
Nearest source of possible contamination:												
☐ Septic			Lateral Line			☐ Livesto		☐ Insection	cide Storage			
☐ Sewer			Cess Pool	☐ Sewage La		☐ Fuel St			oned Water	Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify) Direction from well?												
10 FROM	TO		ITHOLO		FROM			ft. THO. LOG (cont.) or		C INTERVALO		
		Clay, silty, sa			FROM	10	LII	HO. LOG (cont.) of	PLUGGIN	JINIERVALS		
4		Fill sand	ariuy, DIO	VV1 (+	-						
25	32	Clay, Dark B	rown									
32	34	Clay, bandy,			 	- 						
-		Ciay, Saliuy,	DIOWII		+							
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1							
			***************************************		Natan	KDUE D-	oiget #114	017 00206				
	Notes: KDHE Project #U1-017-00296											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my jurisdiction and was completed on (mo-day-year) .12/17/2021 and this record is true to the best of my knowledge and belief.												
Kansas Wa	iter Well Co	ontractor's Lic	ense No. 🕏	?? This Wa	ter Well F	Record wa	is comple	ted on (mo-day-y	ear) .12/2.1	/2021		
under the b	usiness nan	ne of GeoCo	reLLC			.Signature	·	all nery				
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.												
							etain one fo	or your records. Teleph				
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/20										//10/2015		



Project Site:

The Filling Station Café, 109 N. Broadway, Protection KDHE Project Code: U1-017-00296

GPS Coordinates:

AS-1: AS-2: MW-F2: MW-F1: 37.201725, -99.484446 37.201696, -99.484403 37.201637, -99.484465 37.201731, -99.484355 MW-F3: SVE-3: SVE-4:

MW-F3: 37.201797, -99.484486 SVE-3: 37.201743, -99.484428 SVE-4: 37.201676, -99.484424