



# KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

## ASSIGNMENT OF WATER WELL TO LANDOWNER

# COPY

I, Louise Ehmke of 74 W Road 130  
(Landowner's address)

Healy KS 67202 am the landowner on which a water well is located in  
(City) (State) (Zip)  
the NE quarter of the SW quarter of the NW quarter in Section 19, Township 17,  
Range 29  E  W, in Lane County, Kansas which is approxi-  
mately 1485 feet north/south, and 1155 feet east/west of the apparent NW  
section corner. The water well was drilled in 1/2011 (month/year).

I hereby request that Larson Engineering, Inc. leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # 20110029, unplugged, and I will  
assume all responsibility for the plugging of said water well in accordance with the requirements  
of the Kansas Department of Health and Environment regulation K.A.R. 28-30-7.

LANDOWNER:

Louise Ehmke  
(Signature) (Date)

Louise Ehmke  
(Print)

OPERATOR:

Carol Larson 7/26/11  
(Signature) (Date)

By: Carol Larson, Sec/Treas  
(Agent)

IF ADDITIONAL LANDOWNER

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print)

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No. 20110029

<b>LOCATION OF WATER WELL:</b>	Fraction Lane <b>NE</b> $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number <b>19</b>	Township Number T <b>17</b> S	Range Number R <b>29</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>3 South - 2 East mile - 3/4 north - East into (Healy)</u>		<b>Global Positioning System (GPS) information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>WATER WELL OWNER:</b> <u>Louis Ehmke</u> RR#, St. Address, Box # <u>74 W Road 130</u> City, State, ZIP Code <u>Healy, KS 67202</u>				

<b>LOCATE WELL WITH AN "X" IN SECTION BOX:</b>	<p><b>4 DEPTH OF COMPLETED WELL</b> <u>140</u> ft.</p> <p>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <u>NA</u> ft. below land surface measured on mo/day/yr</p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>EST. YIELD _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well  <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) _____  <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn &amp; garden <input type="checkbox"/> Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

**5 TYPE OF CASING USED:**  Steel  PVC  Other

**CASING JOINTS:**  Glued  Clamped  Welded  Threaded

Casing diameter 4.5 in. to 100 ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. .248

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  PVC  Other (Specify) \_\_\_\_\_  
 Brass  Galvanized Steel  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) \_\_\_\_\_

**SCREEN-PERFORATED INTERVALS:**  
 From 100 ft. to 140 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:**  
 From 20 ft. to 140 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other

Grout intervals From 0 ft. to 20 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below) \_\_\_\_\_  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well \_\_\_\_\_  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well None  
 Direction from well \_\_\_\_\_ Distance from well \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	123	132	Fine to some small med with clay
2	10	Loess	132		Fine to some med sand
10	30	Caliche			
30	35	Sandstone			
35	60	Fine sand with caliche str (tight)			
60	77	Caliche & chert			
77	87	Fine sand with caliche & clay			
87	93	Caliche & clay			
93	117	Clay			
117	123	Fine sand			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was constructed, reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 1/18/11 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 554 or 783. This Water Well Record was completed on (mo/day/year) \_\_\_\_\_ under the business name of Woofter Pump & Well Inc. by (signature) \_\_\_\_\_

**INSTRUCTIONS:** Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.