

VVAIEK			e in Well Use			sion of Wate		Well ID	
		VATER WELL:				irces App. N			
		VAIEK WELL:	Fraction NW ¹ / ₄ NW ¹ / ₄ SW ¹ / ₂	CE1/	Secu	ion Numbe 9	r Township Number T 17 S	Range Number R 29 □ E ✓ W	
County: Lane 2 WELL OWNER: Last Name: Snider					. D				
2 WELL Business:	Last Name: Shider	First: Grace		eet or Rural Address where well is located (if unknown, distance and					
Address: 221 N Ike Road					direction from nearest town or intersection): If at owner's address, check here:				
Address:					Intersection of Road 220 and Hickock Road				
City: Healy State: KS ZIP: 67850									
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:17.5						F T -434-	38 5875	(1 · 1 · 1 ·)	
Donth(s) Groundwater Engagement 1) 140					Il.	ft. 5 Latitude: 38.5875 (decimal degrees) Longitude: 100.5324 (decimal degrees)			
	ON BOX:		3) ft., or 4) [Datum: WGS 84 NAD 83 NAD 27			
r	N	WELL'S STATIC WA	WELL'S STATIC WATER LEVEL: 140 ft.				e for Latitude/Longitude:	65 NAD 21	
		below land surface	☑ below land surface, measured on (mo-day-yr).12/08/20)	
NW	NE	above land surface.	above land surface, measured on (mo-day-yr)				(WAAS enabled?	-	
		Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map			
w	E	after hours pumpinggpm				☐ Online Mapper:			
sw	XSE	Well water was ft.							
5" -	<u>የ</u>	after hours pumping gpm				6 Elevation: 2814 ft. ✓ Ground Level ☐ TOC			
	S	Estimated Yield:60gpm Bore Hole Diameter:8in. to180ft. and				Source: Land Survey GPS Topographic Map			
1 r	-	Bore Hole Diameter:	in. toft.			Other KOLAR			
		O BE USED AS:	III. 10	11.					
1. Domestic:			ter Supply: well ID			10 🔽 Oi	l Field Water Supply: Jeas	se Snider #1-9	
				ter Supply: well IDg: how many wells?			10. Oil Field Water Supply: lease		
			echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock 8. ☐ Monitoring: well ID									
2. 🗌 Irrigati	2. ☐ Irrigation 9. Environmental Remediation: well ID								
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E					b) Open Loop			
4. 🗌 Industi	rial	☐ Recovery	☐ Injection			13. 🔲 Otl	her (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									
8 TYPE C	F CASING	GUSED: ☐ Steel ☑ PV	C 🗌 Other	C	ASIN	G JOINTS:	: 🗹 Glued 🗌 Clamped	☐ Welded ☐ Threaded	
Casing diam	eter4.5	in. to ft.,	Diameter	in. to		ft., Diam	eter in. to	ft.	
Casing heigh	ht above land	in. to 135 ft., surface 18 in	. Weight2.3	8lbs	s./ft.	Wall thick	ness or gauge No248		
		R PERFORATION MA							
☐ Steel		inless Steel					er (Specify)	•••••	
Brass		vanized Steel		ised (oper	n hole)				
		RATION OPENINGS A							
	nuous Slot		auze Wrapped \square To	orch Cut	☐ Dri	illed Holes	Other (Specify)		
		☐ Key Punched ☐ W TED INTERVALS: Fron				one (Open H		C. 4 C.	
		CK INTERVALS: From							
0 CDOUT	KAVEL PA	AL. DN	1 	II., FI	om	11. 10) It., From	It. to It.	
Grout Interv	ole: From	AL: Neat cement 0 ft. to .20	ft From	ft to		ft From	ft to	ft	
Nearest sou	rce of nossil	ole contamination:	1t., 110111	11. 10		11., 110111	It. W	11.	
Septic		Lateral Line	es 🔲 Pit Privy		\Box L	ivestock Per	ns 🔲 Insecticio	le Storage	
Sewer		☐ Cess Pool	☐ Sewage La	igoon		uel Storage		ed Water Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Other ((Specify)								
Direction from well? ft.									
10 FROM	TO	LITHOLOG	GIC LOG	FRO	M	TO	LITHO. LOG (cont.) or P	PLUGGING INTERVALS	
0	2	surface							
2	25	loess							
25	52	caliche w/clay lenses							
52	71	fine to some med san		st					
71	123	clay & caliche w/sand							
123	152	fine sand w/clay & cal							
152									
160									
170 180 black shale									
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) .12/08/2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo-day-year) .1/9/2013									
under my ju	urisdiction a	and was completed on (m	no-day-year) .! <i>4</i> /98/2	.V.I.4	and th	nis record i	s true to the best of my	knowledge and belief.	
Mansas Wa	uer well Co	ne of .Woofter.P.ump.&	Well, Inc	ater Well	reco	nu was con	npieteu on (mo-day-yea	1) .!(お/47.17	
under the D	asinces nan	Send one copy to WATER W	ELL OWNER and retain	one for voi	ır record	ds. Fee of \$5	.00 for each constructed well.		
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212									



WWC-7

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

I,Grace Snider	of							
	(Landowner's address)							
	am the landowner on which a water well is located in							
(City) (State) (Zip) the <u>NW</u> quarter of the <u>SW</u> quarter of	of the <u>SE</u> quarter in Section <u>9</u> , Township <u>17</u> ,							
Range 29 E x W, in Lane	County, Kansas which is approxi-							
mately feet north/south, and	feet east/west of the apparent Lat 38.5875 Long 100.5324							
section corner. The water well was dril	led in <u>December/2012</u> (month/year).							
	operator name) leave the water well,							
which was drilled by Temporary Water Permit #, 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:	OPERATOR:							
Just Elvin South 2-8-1. (Signature) (Date)	3 Thomas Jason 2/11/13							
(Signature) (Date)								
GRACE ELACNE SNIDER	By: HOMAS LARSON (Agent) PRESIDENT							
(Print)	(Agent) PRESIDENT							
IF ADDITIONAL LANDOWNER								
(Signature) (Date)	RECEIVED							
(Print)	FEB 14 2013							
(1 IIIII)	BUREAU OF WATER							