

WATER WELL R		WWC-5 1232	DI	vision of Water				
Original Record I LOCATION OF W		ge in Well Use Fraction		ources App. No ction Number		Well ID Range Number		
County:	AIER WELL.				T S	$\begin{array}{c} R \\ \square E \\ \square W \end{array}$		
2 WELL OWNER: L	ast Name:	First:		ral Address v	where well is located (i			
Business:					intersection): If at owner's			
Address:								
Address: City:	State:	ZIP:						
3 LOCATE WELL								
WITH "X" IN		MPLETED WELL: .				(decimal degrees)		
SECTION BOX:		Encountered: 1)		Longi	ude:	(decimal degrees)		
N		3) ft., or 4) □ ATER LEVEL:			WGS 84 NAD	83 🗋 NAD 27		
		WELL'S STATIC WATER LEVEL: It. Source for Latitude/Longitude: below land surface, measured on (mo-day-yr) GPS (unit make/model:)		
NW NE		□ above land surface, measured on (mo-day-yr) (WAAS enabled? □ Yes □ No)						
	-	Pump test data: Well water was ft.				hic Map		
W A E		s pumping		🗆 Or	Online Mapper:			
SW SE		water was f						
	Estimated Yield:		gpm	6 Elevat	6 Elevation:ft. Ground Level TOC			
S			ft. and	Source		PS 🔲 Topographic Map		
1 mile		in. to	ft.		Other			
7 WELL WATER TO								
1. Domestic:		ater Supply: well ID			Field Water Supply: leas			
☐ Household ☐ Lawn & Garden	6. 🗌 Dewateri			11. Test Hole: well ID				
Livestock		7. 🗌 Aquifer Recharge: well ID 8. 🗌 Monitoring: well ID			Cased Uncased Geotechnical 12. Geothermal: how many bores?			
2. Irrigation		tal Remediation: well ID			sed Loop Horizontal			
3. Feedlot	Air Sparg				b) Open Loop Surface Discharge Inj. of Water			
4. 🗌 Industrial	Recovery	Injection		13. 🗌 Oth	er (specify):			
Was a chemical/bacter	riological sample subr	nitted to KDHE? 🔲	Yes 🗌 No	If yes, date	sample was submitted:			
Water well disinfected?	☐ Yes ☐ No			-	-			
8 TYPE OF CASING								
Casing diameter								
Casing height above land s			lbs./ft.	Wall thick	less or gauge No			
	TYPE OF SCREEN OR PERFORATION MATERIAL:							
	Steel Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:								
Continuous Slot			rch Cut 🔲 I	Drilled Holes	Other (Specify)			
	□ Key Punched □ V	Vire Wrapped 🛛 Sav	w Cut 🛛 🗋 🛛	None (Open Ho	ole)			
SCREEN-PERFORATI								
					ft., From			
9 GROUT MATERIA								
Grout Intervals: From Nearest source of possibl		ft., From	It. to	It., From .	It. to	It.		
Septic Tank	Lateral Lin	es 🗌 Pit Privy		Livestock Per	s 🗌 Insecticid	le Storage		
Sewer Lines	Cess Pool	Sewage Lag	goon 🗌	Fuel Storage		ed Water Well		
U Watertight Sewer Lin	nes 🗌 Seepage Pi	t 🗌 Feedyard		Fertilizer Stor	age 🗌 Oil Well/	Gas Well		
Direction from well?10 FROMTO	LITHOLO		FROM			LUGGING INTERVALS		
10 FROM TO	LIIHOLO	GIULUG	FKOM	10	LITHO. LOG (colit.) of P	LUGGING INTERVALS		
			Notes:					
			_					
11 CONTRACTOR'S		CEDTIEICATION	I. This wate		aconstructed \Box reason	structed or nugged		
11 CONTRACTOR'S under my jurisdiction an								
Kansas Water Well Cor	tractor's License No.		ter Well Re	cord was com	pleted on (mo-day-yea	r)		
under the business name of								
	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.							
_	ks.gov/waterwell/index.htm		UU DIW JACKSOL	i 5t., 5uite 420, 1	орока, канзав 00012-1307.	KSA 82a-1212		



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Louise Ehmke Trust	of	74 W Rd 130	
		(Landowner's address)	
HealyKS(City)(State)the <u>NW</u> quarter of the <u>SE</u>	(Zip)	landowner on which a water well is locate	
Range <u>29</u> E x W,	in Lane	County, Kansas which is app	proxi-
mately feet north/so	outh, and	_ feet east/west of the apparent Lat 38.56	52239
section corner. The water well	was drilled in <u>Nove</u>	ember/2014 (month/year).	
I hereby request that	Larson Engineering (Operator na		vell,
which was drilled by Tempo	orary Water Permit	#	l, and
I will assume all responsibil	lity for the pluggir	ng of said water well in accordance wit	th the
requirements of the Kansas De	partment of Health	and Environment regulation K.A.R. 28-30)-7.

LANDOWNER:

(Signature) 40 (Date) Louise Shinke

(Print)

IF ADDITIONAL LANDOWNER

(Signature)

(Date)

OPERATOR: <u>(homas labon</u> 1-22-2015 (Signature) By Stephania Weydriak By: <u>Thomas Larson</u> (Agent) Larson F-ngineering, Irx,

> RECEIVED JAN 26-2015 BUREAU OF WATER

WWC-7

(Print)