WAILKY	ARTI LI	ngging i	KECUKD_	rorm w v	VC-5P	KSA 82				
1 LOCATION County:		ER WELL:	Fraction 1/4 SE	1/4 NW 1/4 SW		Number 30	Township Number T 19 S	Range Number 10		
		Well Location;	if unknown, di		sitioning S	Systems (GPS) inforn	nation:			
			tion: If at owne		Latitude:	Latitude: (in decimal degrees)				
	check here 6W, 1N of Chase, KS						Longitude:(in decimal degrees)			
	□ bvv,	in oi Chase,	, <b>N</b> S		Elevation:					
							Datum: WGS84, NAD83, NAD27			
					******	Collection Method:  GPS unit (Make/Model:				
	·						Digital Map/Photo,  Topographic Map, Land Survey			
	RR#, St. Address, Box #: 1006 E Santa Fe									
City, Sta	City, State ZIP Code: Ellinwood, KS 67526					Est. Accuracy: $\square$ < 3 m, $\square$ 3-5 m, $\square$ 5-15 m, $\square$ > 15 m				
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 113 ft.										
WITH A	WITH AN "X" IN SECTION									
BOX:							ATER LEVEL 16 ft			
	N WELL WAS USED A						S:			
L NW		NE —		1	٦ ,,,,,	W . C	. 🗆 🗖 🗖			
		NE —		nestic		Water Supp		ntering		
w				ation		Oil Field Water Supply Domestic (Lawn & Garden)  Monitoring Injection Well				
1 1		E	1 1	llot						
<b>x</b> €v		SE _	inat	ıstrial l	⊥ Air Cor	ditioning	L Other			
			Was a c	hemical/bacter	iological sar	nple submi	tted to Department? Y	es ∏ No 🔽		
	S	<u> </u>								
5 TYPE OF BLANK CASING USED:										
Stee	ı 🗆 RM	rp (SR) □	Wrought	П .	Fiberolass		Other (Specify below)			
	Steel RMP (SR) Wrought Fiberglass Under (Specify below)  ✓ PVC ABS Concrete Tile									
	Blank casing diameter 5 in. Was casing pulled? Yes No V If yes, how much									
						If yes, ho	ow much			
Casing h	eight above	or below land	surface 3 ft. I	below in.						
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Plug Intervals: From 3 ft. to 23 ft., From ft. to ft., From to ft.										
What is the nearest source of possible contamination:										
Sept	ic tank	$\Box$ s	eepage pit	Fuel	Storage		Other (specify below)			
Sew	er lines	P	it privy Sewage lagoon	Fertil	izer storage	ш				
Wate	rtight sewer	· lines S	ewage lagoon	Insec	ticide storage					
	ral lines		`eedyard		doned water	well Di	rection from well? No	orth Northeast		
Cess	pool	L	ivestock pens	<b>✓</b> Oil w	ell/Gas well	Но	w many feet? 115			
					T == 0	T				
FROM	TO	<u> </u>	GGING MATI	ERIALS	FROM	TO		MATERIALS		
113	23	gravel					Knop 6-30			
23	3	bentonite			ļ .					
3	0	top soil					Sterling Drilling Company			
					L		P O Box 1006			
							Pratt, KS 67124			
**************************************					<b>†</b>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was										
completed on (mo/day/year) 03/20/14 and this record is true to the best of my knowledge and belief. Kansas Water										
Well Contractor's License No. 186  This Water Well Record was completed on (mo/day/year) 03/24/14 under the										
business name of Kelly's Water Well Service, Inc. by (signature) Kathum Lload										
;					······································					
							Please fill in blanks, u			
							reau of Water, Geolog			
	Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your									
records. Visit us at http://www.kdheks.gov/waterwell/index.html.										

Reply to: (785) 296-3565 FAX (785) 296-5509 Bureau of Water - Geology Section 1000 S. W. Jackson, Ste. 420 Topeka, KS 66612-1367



## ASSIGNMENT OF WATER WELL TO LANDOWNER

I, <u>Dale Knop</u> of							
	(Landowner's address)						
(City) (State)	he landowner on which a water well is located in <a href="https://www.swip_aber.com">SW quarter in Section 30 , Township 19s ,</a>						
Range 10 E/W, in Rice	County, Kansas which is approximately						
1840 feet north/south, and 4260 fe	et east/west of the apparent <u>SE</u> section						
corner. The water well was drilled inMay 20	013 (month/year).						
I hereby request that Rama Operation/Sterling Drilling leave the water well, (Operator name)							
which was drilled by Temporary Water Permit # 20130586 , 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:						
(Signature) 8-30-13 (Date)	(Signature) (CE)28/13 (Date)						
Dale Knop (Print)	By: Gary M Talbott (Agent)						
IF ADDITIONAL LANDOWNER							
(Signature) (Date)	RECEIVED						
(D. 1.4)	SEP 11 2013						
(Print)	BUREAU OF WATER						

WWC-7 R/Geology/WWC forms – standard/ db 10/25/2012