

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

20170102

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: Rice	Fraction ¼ NW ¼ SE ¼ SW ¼	Section Number 27	Township Number T 20 S	Range Number R 10 E W
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<b>2 WELL OWNER:</b> Last Name <b>Lebsack</b> First: <b>Wayne</b> Business Address: <b>603 S Douglas</b> City: <b>Lyons</b> State: <b>KS</b> ZIP: <b>67554</b>	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <b>downtown Raymond, KS</b>
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**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

-- NW --	-- NE --
-- SW --	-- SE --

W E

S

----- 1 mile -----

**4 DEPTH OF COMPLETED WELL:** ..... 39 ..... ft.

Depth(s) Groundwater Encountered: 1) ..... 17 ..... ft.  
2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... 17 ..... ft.

below land surface, measured on (mo-day-yr) ..... 04/28/17 .....  
 above land surface, measured on (mo-day-yr) .....

Pump test data: Well water was ..... ft.  
after ..... hours pumping ..... gpm  
Well water was ..... ft.  
after ..... hours pumping ..... gpm

Estimated Yield: ..... 50 ..... gpm

Bore Hole Diameter: ..... 8 ..... in. to ..... ft. and  
..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)  
**Longitude:** ..... (decimal degrees)

Horizontal Datum:  WGS 84  NAD 83  NAD 27

Source for Latitude/Longitude:  
 GPS (unit make/model: .....)  
(WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** ..... ft.  Ground Level  TOC  
Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input checked="" type="checkbox"/> Oil Field Water Supply: lease <b>North River #8</b> ...
2. <input type="checkbox"/> Livestock	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> 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 JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter ..... 5 ..... in. to ..... 19 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... 12 ..... in. Weight ..... 2.8 ..... lbs./ft. Wall thickness or gauge No. **Sch. 40** .....

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) .....

Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

SCREEN-PERFORATED INTERVALS: From ..... 19 ..... ft. to ..... 39 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... 19 ..... ft. to ..... 39 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout intervals: From ..... 0 ..... ft. to ..... 19 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Nearest source of possible contamination:  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) .....

Direction from well? **West** ..... Distance from well? **130** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	sandy top soil			
3	9	sandy clay			Sterling Drilling Company
9	39	sand and gravel			P O Box 1006
		shale bottom			Pratt, KS 67124

Notes: Grout variance received from Mike Cochran 4/26/17 @ 8:33 am

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-yr) **04/28/17** ..... 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-yr) **05/04/17** ..... under the business name of **Kelly's Water Well Service, Inc.** Signature **Nathan Lebsack**



ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Wayne Lebsack of 603 Douglas  
(Landowner's address)

Lyons KS 67554 am the landowner on which a water well is located in  
(City) (State)  
the NW quarter of the SE quarter of the SW quarter in Section 27, Township 20s,  
Range 10 E/W, in Rice County, Kansas which is approximately  
1180 feet north/south, and 3800 feet east/west of the apparent SE section  
corner. The water well was drilled in April 2017 (month/year).

I hereby request that Sterling Drilling/Lebsack Oil Production leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # 20170102, 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:

Wayne Lebsack 5/23/17  
(Signature) (Date)

[Signature] 05/16/17  
(Signature) (Date)

Wayne Lebsack  
(Print)

By: **Gary M Talbott/Sterling Drilling**  
(Agent)

IF ADDITIONAL LANDOWNER

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

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

RECEIVED

MAY 30 2017

BUREAU OF WATER