

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

20180088

Well ID

Hullman 1-9

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Stafford	Fraction ¼ NW ¼ NE ¼ NW ¼	Section Number 9	Township Number T 22 S	Range Number R 13 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: JEL Resources Business: JEL Resources Address: PO Box 17630 Address: City: Golden State: CO ZIP: 80402	First: 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"/> 1 1/4 South, 1 1/2 East of Seward
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3 LOCATE WELL WITH "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 75 ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 18 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 5-18-18 <input type="checkbox"/> 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: gpm Bore Hole Diameter: 10 in. to 75 ft. and in. to ft.	5 Latitude: (decimal degrees) Longitude: (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:
	6 Elevation: ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other	

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation	3. <input type="checkbox"/> Feedlot	4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID	6. <input type="checkbox"/> Dewatering: how many wells?	7. <input type="checkbox"/> Aquifer Recharge: well ID	8. <input type="checkbox"/> Monitoring: well ID	9. Environmental Remediation: well ID	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input checked="" type="checkbox"/> Oil Field Water Supply: lease ... Hullman #1-9 ...	11. Test Hole: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores?	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input type="checkbox"/> Other (specify):
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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 **75** ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **18** in. Weight **SDR-26** lbs./ft. Wall thickness or gauge No.

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 **75** ft. to **55** ft., From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **75** ft. to **20** ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From ft. to ft., From **20** ft. to **0** 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) ... **None**

Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Sandy top soil			
3	15	Soft sandy clay			
15	30	Brown clay w/ caliche streaks			
30	55	White clay			
55	75	Sand & gravel- med clean coarse loose			
Notes:					

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) ... **5-18-18** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **134** This Water Well Record was completed on (mo-day-year) ... **5-25-18** under the business name of ... **Rosencrantz- Bemis Ent Inc** Signature *Chana Alaba*



ASSIGNMENT OF WATER WELL TO LANDOWNER

Loren Hallman
I, Unified Credit Trust of Box 12
St. John, KS 67576 (Landowner's address)
St. John, KS am the landowner on which a water well is located in the
(City) (State)

_____ quarter of the _____ quarter of the _____ quarter of the _____ quarter of Section 9,

Township 22 S, Range 13 E in Stafford County, Kansas which is approximately
600 feet ~~north~~/south, and 1785 feet east/~~west~~ of the apparent NW section corner.

The water well was drilled in 5/2018 (month/year).

I hereby request that JEH Resources, LLC leave the water well,
(Well operator/owner name)

which was drilled under Temporary/Term Water Permit # 20180088, 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:
Loren Hallman (Signature) _____ (Date)
Loren Hallman (Print) Trustee

WELL OWNER:
M.D. C. (Signature) _____ (Date) 8/13/18
By: [Signature] (Agent) 8-1-2018

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

RECEIVED
AUG 20 2018
BUREAU OF WATER