

# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

20150220

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: Pawnee	Fraction ¼ NE ¼ SW ¼ SW ¼	Section Number 8	Township Number T 22 S	Range Number R 16 E W
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<b>2 WELL OWNER:</b> Last Name: Prosser First: Michael Business: Address: 4196 NE 70 Ave. Address: City: Claflin State: KS ZIP: 67525	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"/> 1S of Larned, Ks
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S ----- 1 mile -----	<b>4 DEPTH OF COMPLETED WELL:</b> 57 ft. Depth(s) Groundwater Encountered: 1) 15 ft. 2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 15 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 07/23/15 <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: 80 gpm Bore Hole Diameter: 8 in. to 57 ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) <b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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: .....
		<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....

<b>7 WELL WATER TO BE USED AS:</b>		
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 Jesse 1-8 ..... 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): .....

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: .....  
Water well disinfected? ☒ Yes ☐ No

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 in. to 57 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 12 in. Weight 12.8 lbs./ft. Wall thickness or gauge No. Sch. 40 <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) <b>SCREEN-PERFORATED INTERVALS:</b> From 37 ft. to 57 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 23 ft. to 57 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
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<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From 0 ft. to 23 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>Nearest source of possible contamination:</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input checked="" type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) ..... Direction from well? South Distance from well? 125 ft.
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10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	sandy top soil			
1	2	sandy clay			Sterling Drilling Company
2	17	sand and gravel			P O Box 1006
17	33	clay			Pratt, KS 67124
33	57	sand and gravel clay bottom			
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) 07/23/15 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) 07/30/15  
under the business name of Kelly's Water Well Service, Inc. Signature *Kelly's Water Well Service, Inc.*



## ASSIGNMENT OF WATER WELL TO LANDOWNER

I, **Michael Prosser** of **1496 NE 70th Avenue**  
(Landowner's address)

**Claflin KS 67525** am the landowner on which a water well is located in  
(City) (State)  
the **NE** quarter of the **SW** quarter of the **SW** quarter in Section **8**, Township **22s**,  
Range **16** **RW**, in **Pawnee** County, Kansas which is approximately  
**560** feet **north**/south, and **3785** feet east/**west** of the apparent **SE** section  
corner. The water well was drilled in **July 2015** (month/year).

I hereby request that **Shelby Resource/Sterling Drilling** leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # **20150220**, 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:

**Wendy M Prosser** **12-9-15**  
(Signature) (Date)

**Wendy M. Prosser**  
(Print)

OPERATOR:

**Da Na** **11/17/15**  
(Signature) (Date)

By: **Gary M Talbott**  
(Agent)

IF ADDITIONAL LANDOWNER

**Michael J Prosser** **12-9-15**  
(Signature) (Date)

**Michael J Prosser**  
(Print)

RECEIVED  
DEC 14 2015  
BUREAU OF WATER