

WATER WELL RECORD Form WWC-5 1267163

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

Fraction

Section Number

Township Number

Range Number

County:

$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$

T

S

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E W

2 WELL OWNER: Last Name:

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:

Business:
Address:
Address:
City:

State:

ZIP:

3 LOCATE WELL WITH "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: ft.

Depth(s) Groundwater Encountered: 1) ft.

2) ft. 3) ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: ft.

below land surface, measured on (mo-day-yr).....

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: in. to ft. and

..... in. to ft.

5 Latitude:(decimal degrees)

Longitude:(decimal degrees)

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: | 5. <input type="checkbox"/> Public Water Supply: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease |
| <input type="checkbox"/> Household | 6. <input type="checkbox"/> Dewatering: how many wells? | 11. Test Hole: well ID |
| <input type="checkbox"/> Lawn & Garden | 7. <input type="checkbox"/> Aquifer Recharge: well ID | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| <input type="checkbox"/> Livestock | 8. <input type="checkbox"/> Monitoring: well ID | 12. Geothermal: how many bores? |
| 2. <input type="checkbox"/> Irrigation | 9. Environmental Remediation: well ID | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical |
| 3. <input type="checkbox"/> Feedlot | <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 |
| 4. <input type="checkbox"/> Industrial | <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 in. to ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

- | | | | | |
|--------------------------------|---|--|--|--|
| <input type="checkbox"/> Steel | <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Fiberglass | <input 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) | |

SCREEN OR PERFORATION OPENINGS ARE:

- | | | | | | |
|---|--------------------------------------|--|------------------------------------|---|--|
| <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 type="checkbox"/> Saw Cut | <input type="checkbox"/> None (Open Hole) | |

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

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

Nearest source of possible contamination:

- | | | | | |
|---|--|--|---|---|
| <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 type="checkbox"/> Oil Well/Gas Well |
| <input type="checkbox"/> Other (Specify) | | | | |

Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS

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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Colleen Miller of 2923 W US Hwy 50
(Landowner's address)

Emporia KS 66801, am the landowner on which a water well is located in
(City) (State) (Zip)
the NE quarter of the NW quarter of the NW quarter in Section 7, Township 26,
Range 20 E x W, in Edwards County, Kansas which is approxi-
mately _____ feet north/south, and _____ feet east/west of the apparent Lat 37.81
Long 99.56

section corner. The water well was drilled in 10/2015 (month/year).

I hereby request that Larson Engineering, Inc. leave the water well,
(Operator name)

which was drilled by Temporary Water Permit # 20150364, 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:

Colleen F. Miller, Trustee 11-16-15
(Signature) (Date)

Colleen F. Miller, Trustee
(Print)

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

OPERATOR:

Larson Engineering 11-20-2015
(Signature) (Date)

By: Thomas Larson
(Agent)

By Stephanie Woydzick