

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

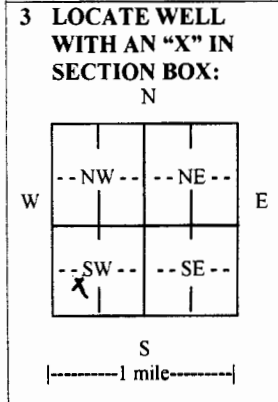
20120844

1 LOCATION OF WATER WELL: County: Kiowa	Fraction NW ¼ NE ¼ SW ¼ SW ¼	Section Number 33	Township No. T 27 S	Range Number R 16 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
1 3/4 North, 1 East of Haviland

Global Positioning System (GPS) information:
Latitude: (in decimal degrees)
Longitude: (in decimal degrees)
Elevation:
Datum: WGS 84, NAD 83, NAD 27
Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: **CMX**
RR#, Street Address, Box #: **1551 N. Waterfront Pkvw- Ste 150**
City, State, ZIP Code : **Wichita, KS 67206**



4 DEPTH OF COMPLETED WELL **175** ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL **92**.....ft. below land surface measured on mo/day/yr. **10-26-12**.....

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

EST. YIELD. **N/A**...gpm. Well water was.....ft. after..... hours pumping..... gpm

Bore Hole Diameter **10**.....in. to **175**.....ft., andin. toft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No

If yes, mo/day/yr sample was submitted.....

Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **5**..... in. to **175**..... 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 PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From **175**..... ft. to **135**..... ft., From ft. to ft.
From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **175**..... ft. to **20**..... ft., From ft. to ft.
From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From ft. to ft., From **20**..... ft. to **0**..... ft., From ft. toft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well **None**.....

Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Top soil			
4	77	Tan sandy clay & fine sand			
77	175	Sand & grave- small to med			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **10-26-12**..... 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) **11-27-12**..... under the business name of **Rosencrantz-Bemis** by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.



ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Elmer Davis of 16380 53rd Ave. Haviland, KS 67059
(Landowner's address)

_____ 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 33, Township 27,
Range 16 E/W, in Kiowa County, Kansas which is approximately
1200 feet (north/south), and 4500 feet east/west of the apparent SE section
corner. The water well was drilled in October 12012 (month/year).

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

which was drilled by Temporary Water Permit # 20120844, 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:

Elmer Davis
(Signature) (Date)

ELMER DAVIS
(Print)

OPERATOR:

Donna L. May-Murray 4/9/13
(Signature) (Date)

By: Donna L. May-Murray
(Agent)

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

RECEIVED
APR 15 2013
BUREAU OF WATER