

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

20190015

Well ID

Original Record Correction Change in Well Use

| | | | | |
|--|------------------------------|----------------------|---------------------------|---|
| 1 LOCATION OF WATER WELL: County: Ford | Fraction ¼ NE ¼ SE ¼ SW ¼ | Section Number 12 | Township Number T 27 S | Range Number R 24 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|--|------------------------------|----------------------|---------------------------|---|

2 WELL OWNER: Last Name: Ritchie
Business: Ritchie Exploration, Inc
Address: P.O. Box 783188
City: Wichita State: KS ZIP: 67278

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:
1/2 North, 1/4 West of Wilroads

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

| | | | | |
|-----|----|-----|----|-----|
| --- | NW | --- | NE | --- |
| W | | | | E |
| --- | SW | X | SE | --- |
| | S | | | |

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

4 DEPTH OF COMPLETED WELL:71..... ft.

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

WELL'S STATIC WATER LEVEL:18..... ft.
 below land surface, measured on (mo-day-yr).....1-23-19
 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. to71..... 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 | 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 | 10. <input checked="" type="checkbox"/> Oil Field Water Supply: lease <u>Schneeweis lease</u> | 11. Test Hole: well ID | 12. Geothermal: how many bores? | 13. <input type="checkbox"/> Other (specify): |
| | | | | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | | | | 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 | | |

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 diameter5..... in. to71..... ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface18..... 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: From71..... ft. to31..... ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From71..... ft. to20..... ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From ft. to ft., From20..... ft. to0..... 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 |

Other (Specify)None.....

Direction from well? Distance from well? ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------------|----|------------------------|------|----|--|
| 0 | 2 | Sasndy top soil | | | |
| 2 | 7 | Tan clay | | | |
| 7 | 19 | Gravel- med to large | | | |
| 19 | 26 | Tan clay w/ caliche | | | |
| 26 | 70 | Gravel w/ clay streaks | | | |
| 70 | 71 | Limestone | | | |
| 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)1-23-19..... 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)3-12-19..... under the business name of ...Rosencrantz Bemis Ent Inc..... SignatureRosa A. Bemis.....

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.