

WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

20170167

Well ID

Reece - Riffey

1 LOCATION OF WATER WELL: County: Pratt		Fraction ¼ SE ¼ SE ¼ SW ¼	Section Number 6	Township Number T 29 S	Range Number R 12 E W																																																						
2 WELL OWNER: Last Name: Reece First: Merlin Business: Address: 40128 SE 70th ST Address: City: Sawver State: KS ZIP: 67530		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"/> 3N of Sawyer, KS																																																									
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align: center;"> <div style="display: flex; justify-content: space-between;"> W E </div> <table border="1" style="margin: auto; text-align: center;"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <div style="display: flex; justify-content: space-between;"> S 1 mile </div> </div>											4 DEPTH OF COMPLETED WELL:167..... ft. Depth(s) Groundwater Encountered: 1)90..... ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:90..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr).....07/20/17..... <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 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 Reece - Riffey 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																											
8 TYPE OF CASING USED: <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 diameter5..... in. to127..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface12..... in. Weight3.54..... lbs./ft. Wall thickness or gauge No. SDR17..... TYPE OF SCREEN OR PERFORATION MATERIAL: <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) 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 checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From127..... ft. to167..... ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From23..... ft. to167..... ft., From ft. to ft., From ft. to ft.																																																											
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From0..... ft. to23..... 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 checked="" type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) Direction from well? North Distance from well? 120..... ft.																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>30</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>33</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>33</td> <td>40</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>40</td> <td>45</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>78</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>78</td> <td>160</td> <td>sand and gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>160</td> <td>167</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	1	2	top soil				2	30	clay				30	33	limestone				33	40	clay				40	45	limestone				45	78	clay				78	160	sand and gravel				160	167	clay			
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 07/20/17..... 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) 07/25/17..... under the business name of Kelly's Water Well Service, Inc..... Signature <i>Kelly's Water Well Service, Inc.</i> 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015																																																											



ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Merlin Reece of 40128 SE 70th Street
(Landowner's address)

Sawyer KS 67134 am the landowner on which a water well is located in
(City) (State)
the SE quarter of the SE quarter of the SW quarter in Section 6, Township 29,
Range 12 E/W, in Pratt County, Kansas which is approximately
200 feet north/south, and 2820 feet east/west of the apparent SE section
corner. The water well was drilled in July 2017 (month/year).

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

which was drilled by Temporary Water Permit # 20170167, 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:

Merlin Reece 9/4/17
(Signature) (Date)

Merlin Reece
(Print)

OPERATOR:

Gary M Talbott 08/30/17
(Signature) (Date)

By: **Gary M Talbott/Sterling Drilling**
(Agent)

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

RECEIVED
SEP 11 2017
BUREAU OF WATER

Test holes w Core, ?Pam Chaffee verify Location?

KID: 1037029057

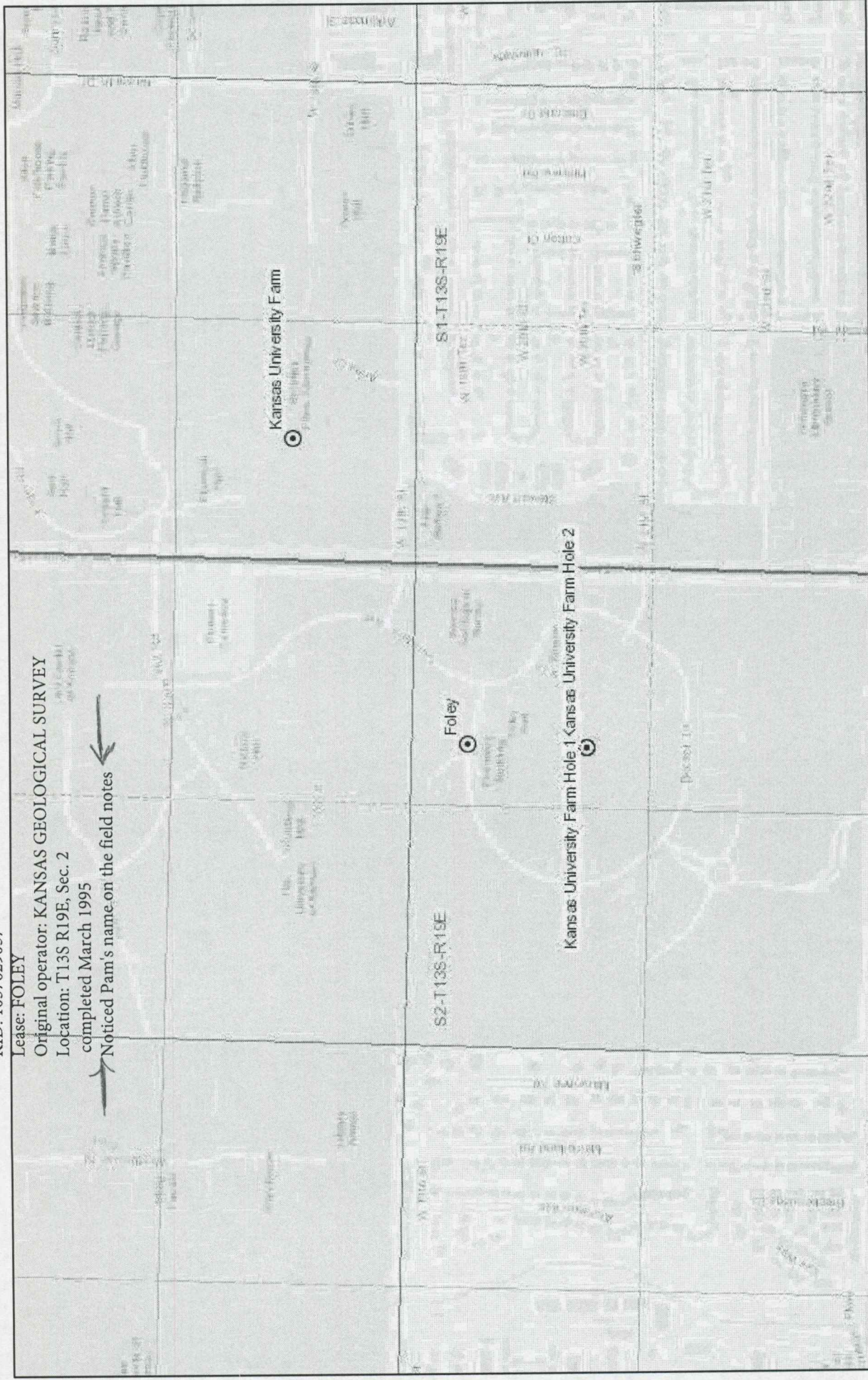
Lease: FOLEY

Original operator: KANSAS GEOLOGICAL SURVEY

Location: T13S R19E, Sec. 2

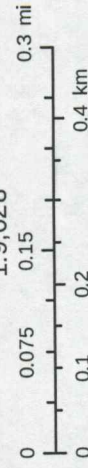
completed March 1995

Noticed Pam's name on the field notes



January 17, 18

1:9,028



Sources: Esri, HERE, DeLorme, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey