

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

<b>1 LOCATION OF WATER WELL:</b> County: Ford	Fraction SE ¼ NW ¼ NW ¼ NE ¼	Section Number 19	Township No. T 29 S	Range Number R 22 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> . 1 south of Kingsdown		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> Vincent Oil Co. RR#, Street Address, Box #: 155 N. Market-Ste. 700 City, State, ZIP Code : Wichita, Ks. 67202				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF COMPLETED WELL 218</b> ..... ft. Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 162 ..... ft. below land surface measured on mo/day/yr. 11-7-11 ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm EST. YIELD NA ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 10 ..... in. to 218 ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted ..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 ..... in. to 218 ..... 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. .... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <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"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From 218 ..... ft. to 178 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 218 ..... ft. to 20 ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.	
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<b>6 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 ..... ft. to ..... ft., From 20 ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the 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"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <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"/> None Direction from well ..... Distance from well .....	
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FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	148	Tan clay			
148	176	Tan clay/Caliche			
176	208	Sand & gravel			
208	218	Dark Gray shale			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) 11-7-11 ..... 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) 12-1-11 ..... under the business name of Rosencrantz-Bemis ..... by (signature) <i>Tom Alje</i>	
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**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>.

Reply to: (785) 296-3565 FAX (785) 296-5509  
 Bureau of Water - Geology Section  
 1000 S. W. Jackson, Ste. 420  
 Topeka, KS 66612-1367



## ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Kevin Imel of 12345 Wrangler Road  
 (Landowner's address)

Kingsdown Kansas am the landowner on which a water well is located in  
 (City) (State)  
 the NW quarter of the NW quarter of the NE quarter in Section 19, Township 29,  
 Range 22 N/W, in Ford County, Kansas which is approximately  
4800 feet north/south, and 2100 feet east/west of the apparent SE section  
 corner. The water well was drilled in November 2011 (month/year).

I hereby request that Vincent Oil Corporation leave the water well,  
 (Operator name)

which was drilled by Temporary Water Permit # 20110517 00, 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:

x Kevin Imel 6-22-12  
 (Signature) (Date)

x Kevin IMEL  
 (Print)

OPERATOR:

M.L. Korphage 6/20/12  
 (Signature) (Date)

By: M.L. Korphage P.G.  
 (Agent) Vincent Oil Corporation

IF ADDITIONAL LANDOWNER

\_\_\_\_\_  
 (Signature) (Date)

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 (Print)

RECEIVED  
 JUN 27 2013  
 BUREAU OF WATER

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