WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. 2011 0003

1 **LOCATION OF WATER WELL:** Fraction: SW ¼ NE ¼ NE ¼ SW ¼ | Section Number: 18 | Township Number: T 2 S | Range Number: R 29 ☐E ☒W

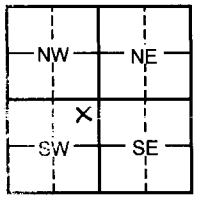
County: Decatur

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
5 west—4 north—1/4 east int0 from Oberlin

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:** Martin E & Evelyn May
RR#, St. Address, Box # 1954 500th Road
City, State, ZIP Code Oberlin, KS 67749

3 **LOCATE WELL WITH AN "X" IN SECTION BOX:**



4 **DEPTH OF COMPLETED WELL** 210 ft.
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL 90 ft. below land surface measured on mo/day/yr _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
EST. YIELD _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
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 4.5 in. to 170 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. .248
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 170 ft. to 210 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 210 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 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
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	2	Surface	152	163	Clay & caliche w/few sand lenses
2	20	Loess	163	190	Clay
20	36	Clay	190	200	Fine & med sand
36	64	Clay w/caliche strks	200	210	Yellow ochre
64	79	Clay & caliche w/sandy clay strks			
79	101	Sandstone w/caliche & clay strks			
101	110	Fine & med sand w/caliche strks & clay			
		Lenses			
110	129	Clay & caliche w/sand strks			
129	152	Clay w/caliche strks			

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) 12/29/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783. This Water Well Record was completed on (mo/day/year) 1-6-11 under the business name of Woofter Pump & Well Inc. by (signature) _____

INSTRUCTIONS: 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 785-296-5522. Send one 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.

KSA 82a-1212 Form provided by Forms-On-A-Disk · (214) 340-9429 · www.FormsOnADisk.com Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy

MURFIN

WICHITA, KANSAS

Murfin Drilling Company, Inc.
250 N. Water Suite #300
Wichita Kansas 67202
(316) 267-3241

WATER WELL

I May INC. **hereby after this date** 1-16 **20** 11
Or (after Murfin Rig # 3 **moves off (well name)** May 1-18
Sec. 18 **T.** 25 **R** 29w. **County** Decatur **St.** KS
Takes all and full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying Murfin Rig # 3 **with water to drill Above said lease.**

SIGNED: May Inc by Mel Mays
LAND OWNER

SIGNED: Kurt Van Pelt
MDC REPRESENTATIVE