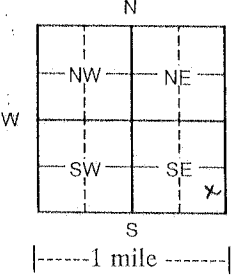


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No. 20110028

<b>1 LOCATION OF WATER WELL:</b> <b>Cheyenne</b>		Fraction NW ¼ NW ¼ SE ¼ SE ¼	Section Number <b>34</b>	Township Number T <b>2</b> S	Range Number R <b>41</b> <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"/> <b>5 miles west &amp; 5 m north St Francis</b>			<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> <b>Harvey H Zwegardt</b> RR#, St. Address, Box # <b>1440 Road U</b> City, State, ZIP Code <b>St. Francis, KS 67756</b>					
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL</b> <b>230</b> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ 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: <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) 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				
	<b>5 TYPE OF CASING USED:</b> <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 diameter <b>4.5</b> in. to <b>190</b> ft., Diameter in. to _____ ft., Diameter in. to _____ ft. Casing height above land surface <b>18</b> in., Weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b> TYPE OF SCREEN OR PERFORATION MATERIAL: <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) 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"/> 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) _____ SCREEN-PERFORATED INTERVALS: From <b>190</b> ft. to <b>230</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>230</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
<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 <b>0</b> ft. to <b>20</b> ft. From _____ 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 <b>None</b> Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	140	185	Fine sand & sandstone w/clay & caliche
2	30	Loess	185	202	Fine to some med sd w/clay & caliche strks
30	52	Clay w/caliche strks	202	225	Fine & med sand w/clay & caliche strks
52	65	Fine sd & sandy clay w/clay & caliche Strks	225	240	Yellow ochre/black shale
65	83	Fine to some med sd w/clay & caliche Strks			
83	104	Fine sand w/sandstone strks			
104	122	Clay & caliche w/sand strks			
122	140	Sandstone w/clay & caliche strks			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>constructed</u> , reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>1-13-11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554 or 783</u> . This Water Well Record was completed on (mo/day/year) <u>1-28-2010</u> under the business name of <u>Woofter Pump &amp; Well Inc.</u> by (signature) <u>[Signature]</u>					
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .					

COPY

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, Harvey H. & Phyllis Zwegardt of 1845 County Road 9  
(Landowner's address)

St. Francis, KS 67756 am the landowner on which a water well is located in  
(City) (State)  
the NW quarter of the SE quarter of the SE quarter in Section 34, Township 2S,  
Range 41 ~~E/W~~, in Cheyenne County, Kansas which is approximately  
1,015 feet ~~north~~/south, and 1,020 feet east/~~west~~ of the apparent SE section  
corner. The water well was drilled in January, 2011 (month/year).

I hereby request that Mid-Continent Energy Operating Company leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # 2011002800, 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:

[Signature]  
(Signature) 1/1 (Date)

Harvey H. Zwegardt  
(Print)

OPERATOR:

[Signature] 8/2/2011  
(Signature) (Date)

By: G. M. Canaday  
(Agent)

IF ADDITIONAL LANDOWNER

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

Phyllis Zwegardt  
(Print)

*I'm not interested in  
keeping this water well -  
Therefore I'm not signing  
this form. THANK YOU -  
Harvey Z.*

WWC-7  
c/water well section/forms/  
db 5/2011

RECEIVED  
AUG 15 2011  
BUREAU OF WATER