

<b>1 LOCATION OF WATER WELL:</b> County: <b>Barber</b>	Fraction <b>1/4 SE 1/4 NW 1/4 NE 1/4</b>	Section Number <b>36</b>	Township No. <b>T 34 S</b>	Range Number <b>R 12</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>Approximately 5 miles west and 1 1/2 miles north of Kiowa.</b>		<b>Global Positioning System (GPS) information:</b> Latitude: <b>37.047368</b> (in decimal degrees) Longitude: <b>-98.573496</b> (in decimal degrees) Elevation: <b>unknown</b> Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>WAAS</b> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER: Steve Walz</b> RR#, Street Address, Box #: <b>543 Main St</b> City, State, ZIP Code : <b>Kiowa, KS 67070</b>				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <b>40</b> ft.
	Depth(s) Groundwater Encountered (L) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <b>7.75</b> ft. below land surface measured on mo/day/yr <b>07/18/11</b> Pump test data: Well water was <b>not checked</b> ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>9</b> in. to <b>41</b> 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 type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <b>Test Well</b> <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

**5 TYPE OF CASING USED:**  Steel  PVC  Other \_\_\_\_\_

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter **5** in. to **23** ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **24** in., Weight **2.36** lbs./ft., Wall thickness or gauge No. **214**

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 **23** ft. to **38** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **21** ft. to **41** 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 \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From **0** ft. to **21** 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 **None Known**  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well \_\_\_\_\_

Direction from well \_\_\_\_\_ Distance from well \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Topsoil			
4	8	Sand, gravel, fine - medium			
8	11	Clay, brown			
11	38	Sand, gray, fine - coarse, some clay streaks, brown, thin			
38	41	Clay, brown, sandy, hard			

**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) **07/18/11** and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **07/26/11**  
 under the business name of **Clarke Well & Equipment, Inc.** by (signature) *[Signature]*

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 785-296-5522. 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>.



ASSIGNMENT OF WATER WELL TO LANDOWNER

I, STEVE WALZ of 17353 SE US HWY 281  
(Landowner's address)

KIOWA KS 67070 am the landowner on which a water well is located in  
(City) (State)  
the SE quarter of the NW quarter of the NE quarter in Section 36, Township 34,  
Range 12 ~~E/W~~, in BARBER County, Kansas which is approximately  
4233 feet north/~~south~~ and 1709 feet east/~~west~~ of the apparent SE section  
corner. The water well was drilled in UNKNOWN (month/year).

I hereby request that LOTUS OPERATING CO. LLC leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # 20130042, 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:  
Steve Walz  
(Signature) (Date)

STEVE WALZ  
(Print)

OPERATOR:  
[Signature] 4/1/14  
(Signature) (Date)

By: TIM HELLMAN  
(Agent)

IF ADDITIONAL LANDOWNER  
  
\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print)

RECEIVED  
APR 08 2014  
BUREAU OF WATER