

WATER WELL RECORD Form WWC-5 1100558

1100558

Division of Water
Resources App. No.

Well ID

☐ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number																				
County:		¼ ¼ ¼ ¼			T S	R E W																				
2 WELL OWNER: Last Name: _____ First: _____ Business: Address: City: _____ State: _____ ZIP: _____		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"/>																								
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align:center;">N <table border="1" style="margin:auto; width:100px; height:100px;"><tr><td></td><td>X</td><td></td></tr><tr><td>-- NW --</td><td></td><td>-- NE --</td></tr><tr><td></td><td> </td><td></td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td></tr><tr><td></td><td>S</td><td></td></tr></table> -----1 mile----- </div>		X		-- NW --		-- NE --				-- SW --		-- SE --		S		4 DEPTH OF COMPLETED WELL: ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) <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:gpm Bore Hole Diameter: in. to ft. and in. to ft.			5 Latitude:(decimal degrees) Longitude:(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <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:							
		X																								
	-- NW --		-- NE --																							
-- SW --		-- SE --																								
	S																									
6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <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: <table style="width:100%;"><tr><td>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock</td><td>5. <input type="checkbox"/> Public Water Supply: well ID</td><td>10. <input type="checkbox"/> Oil Field Water Supply: lease</td></tr><tr><td>2. <input type="checkbox"/> Irrigation</td><td>6. <input type="checkbox"/> Dewatering: how many wells?</td><td>11. Test Hole: well ID</td></tr><tr><td>3. <input type="checkbox"/> Feedlot</td><td>7. <input type="checkbox"/> Aquifer Recharge: well ID</td><td><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</td></tr><tr><td>4. <input type="checkbox"/> Industrial</td><td>8. <input type="checkbox"/> Monitoring: well ID</td><td>12. Geothermal: how many bores?</td></tr><tr><td></td><td>9. Environmental Remediation: well ID</td><td>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td></tr><tr><td></td><td><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction</td><td>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water</td></tr><tr><td></td><td><input type="checkbox"/> Recovery <input type="checkbox"/> Injection</td><td>13. <input type="checkbox"/> Other (specify):</td></tr></table>						1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease	2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells?	11. Test Hole: well ID	3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID	12. Geothermal: how many bores?		9. Environmental Remediation: well ID	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water		<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify):
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Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted:																										
Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded																										
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.																										
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input 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 type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)																										
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.																										
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.																										
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other																										
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft.																										
Nearest source of possible contamination: <table style="width:100%;"><tr><td><input type="checkbox"/> Septic Tank</td><td><input type="checkbox"/> Lateral Lines</td><td><input type="checkbox"/> Pit Privy</td><td><input type="checkbox"/> Livestock Pens</td><td><input type="checkbox"/> Insecticide Storage</td></tr><tr><td><input type="checkbox"/> Sewer Lines</td><td><input type="checkbox"/> Cess Pool</td><td><input type="checkbox"/> Sewage Lagoon</td><td><input type="checkbox"/> Fuel Storage</td><td><input type="checkbox"/> Abandoned Water Well</td></tr><tr><td><input type="checkbox"/> Watertight Sewer Lines</td><td><input type="checkbox"/> Seepage Pit</td><td><input type="checkbox"/> Feedyard</td><td><input type="checkbox"/> Fertilizer Storage</td><td><input type="checkbox"/> Oil Well/Gas Well</td></tr><tr><td colspan="5"><input type="checkbox"/> Other (Specify)</td></tr></table>						<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 type="checkbox"/> Oil Well/Gas Well	<input type="checkbox"/> Other (Specify)					
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<input type="checkbox"/> Other (Specify)																										
Direction from well? Distance from well? ft.																										
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																					
			Notes:																							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of																										
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																										
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.																										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212																										

Form	WWC5
Contractor	Woofter Pump & Well, Inc.
Well Owner	Carl Antholz
Doc ID	1100558

Litholgy

From	To	LithologicLog
0	2	surface
2	47	loess
47	128	clay w/caliche strksk
128	135	caliche w/clay
135	145	med sd clay w/calcihe
145	163	caliche w/sand & clay strks
163	171	med to coarse sand
171	174	clay
174	178	caliche w/clay strks
178	179	hard caliche
179	184	med sand
184	193	caliche w/sandstone layers
193	205	fine tight sand w/caliche layers
205	215	caliche cllay & fine sand
215	224	fine sand clay & caliche
224	239	fine sand tight
239	241	chirt
241	258	clay w/caliche strks
258	265	med sd
265	269	clay & caliche
269	270	clay
270	275	clay & caliche
275	280	clay w/sand strks

Form	WWC5
Contractor	Woofter Pump & Well, Inc.
Well Owner	Carl Antholz
Doc ID	1100558

Litholgy

From	To	LithologicLog
280	285	med sand
285	288	clay
288	296	med sand
296	300	ochre

my copy

Copy
original was
Signed 1-3-2013
Return To Wichita
by mail 1-4-2013



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

WATER WELL

I Carl Antholz hereby after this date December 27 2012
Or (after Murfin Rig # 14 moves off (well name) CWA "B" 1-5
Sec. 5 T. 3 R. 36 . County Rawlins St. Kansas
Takes all and full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying Murfin Rig # 14 with water to drill
Above said lease.

SIGNED: Carl Antholz
LAND OWNER

SIGNED: Barney
MDC REPRESENTATIVE

WATER RESOURCES
RECEIVED

JAN 22 2013

KS DEPT OF AGRICULTURE



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, CW Antholz of _____
(Landowner's address)

_____ am the landowner on which a water well is located in
(City) (State)
the NE quarter of the NE quarter of the NW quarter in Section 5, Township 3,
Range 36 E/W. in Lewelling County, Kansas which is approximately
_____ feet north/south, and _____ feet east/west of the apparent _____ section
corner. The water well was drilled in November - 2012 (month/year).

I hereby request that Murfin Drilling Co. leave the water well,
(Operator name)

which was drilled by Temporary Water Permit # 20120936, 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:

CW Antholz - 1-3-13
(Signature) (Date)

CW ANTHOLZ
(Print)

OPERATOR:

Bernard Meyer 1-18-13
(Signature) (Date)

By: _____
(Agent)

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

WWC-7

WATER RESOURCES
RECEIVED

JAN 22 2013

KS DEPT OF AGRICULTURE