Elevation Elev				Form WWC-				ources App. No			
from nearest town or intersection. If at owner's address, check here Latitude: (in decimal degrees)	1 LOCA										
2 WATER WELL OWNER: Kary Zweygardt RR, St. Address, Box # 2221 Birch City, State, ZIP Code	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 7 miles west and 5 north from St. Francis						Latitude: (in decimal degrees) Longitude: (in decimal degrees)				
A DEPTH OF COMPLETED WELL STATIC WATER LEVEL Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (4) SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (4) SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (4) SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (4) SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (4) SECTION BOX:							Datum: □ WGS 84, □ NAD 83, □ NAD 27 Collection Method: □ GPS unit (Make/Model: □ Digital Map/Photo, □ Topographic Map, □ Land Survey				
SECTION BOX: Dephti(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) ft. (4) NA ft. below land surface measured on mo/day/yr Pump test data: Well water was ft. after hours pumping gpm ST YIELD gpm: Well water was ft. after hours pumping gpm ST YIELD gpm: Well water was ft. after hours pumping gpm Gentermal Injection well Domestic Feedlot Gold field water supply Geothermal Injection well Irrigation Industrial Domestic-lawn & garden Monitoring well was a chemical/bacteriological sample submitted to Department? Yes El No If yes, mo/day/yr sample was submitted Wes a chemical/bacteriological sample submitted to Department? Yes El No If yes, mo/day/yr sample was submitted Wes a chemical/bacteriological sample submitted to Department? Yes El No If yes, mo/day/yr sample was submitted Wes a chemical/bacteriological sample submitted to Department? Yes El No If yes, mo/day/yr sample was submitted Wes a chemical/bacteriological sample submitted to Department? Yes El No If yes, mo/day/yr sample was submitted Threaded Casing diameter 4.5 in. to 190 ft. Diameter Threaded Casing diameter 4.5 in. to 190 ft. Diameter Threaded Casing diameter 4.5 in. to 190 ft. Diameter 190 ft	3 LOCA	TE WELL	,			est. Accura	ю. Ц 3	III, 🗀 3-3 III, 🗀	3-13 III, I		
Depth(s) Groundwater Encountered 10				COMPLETED WELL		230)	ft.			
Well was trace measted on modayly? Pump test data: Well water was ft. after hours pumping gpm ST. YIELD gpm: Well water was ft. after hours pumping gpm ST. YIELD gpm: Well water was ft. after hours pumping gpm ST. YIELD gpm: Well water was ft. after hours pumping gpm ST. YIELD gpm: Well water was ft. after hours pumping gpm ST. YIELD gpm: Well water was ft. after hours pumping gpm Well Water was ft. after hours pumping gpm Well Water was ft. after hours pumping gpm Well Water was ft. after hours pumping gpm Well Water was ft. after hours pumping gpm Well Water was ft. after hours pumping gpm Mell Me	SECTI		Depth(s) Ground	water Encountered (1)		ft.	. (2)		ft. (3)	ft	
ST. YIELD gen: Well water was ft. after hours pumping gen			WELL'S STATI	C WATER LEVEL	NA ft.	below lar	id surface	measured on m	no/day/yı	·	
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well Domestic Feedlot Soil field water supply Devatering Other (Specify below)			Pun Pun	ip test data: Well water	r was	fi	after	hour	s pumpi	ng gpn	
Sy SE			WELL WATER	gpm: Well water	r was		after	hour	s pumpii	ng gpm	
Sy SE	w + + +	++	E Domestic E	Feedlot X Oil field	water supply	suppry L	Dewate	erina [⊐ Injecu ⊐ Other	(Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes No	l –sw		Irrigation [Industrial Domestic	-lawn & gard	den [☐ Monite	oring well			
Mater Well Disinfected? Eyes No			Was a chemical/	bacteriological sample sub	mitted to De	epartment	? 🗆 Yes	s 🗵 No			
S TYPE OF CASING USED:		•	If yes, mo/o	lay/yr sample was submitt	ed		· • • • • • • • • • • • • • • • • • • •				
CASING JOINTS:			'								
Steel	5 TYPE (OF CASING	GUSED: ☐ Steel	☑ PVC ☐ Othe	r						
Steel	CASING JOINTS: Glued Clamped Welded Threaded										
Steel	Casing elameter 4.5 III. to 170 II., Diameter III. to III., Diameter III. to III.										
Brass	TYPE OF S	CKEEN OR	PERFORATION MA	YTERIAL:		· ··	03.,11. ***	in thickness of	Suuge I W	,	
Continuous Slot						(Specify)					
Continuous Slot		SS D DEDEOD	☐ Galvanized Steel	☐ None used (open he	ole)						
From 10 11. to 11. to 11. to 11. to 12. to 13. to 14. to 15. to			Mill slot	Gauze wrapped	☐ Torch cut		Drilled !	holes 🗆 No	ne (oper	n hole)	
From 10 11. to 11. to 11. to 11. to 12. to 13. to 14. to 15. to	☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☒ Saw cut ☐ Other (specify)										
From	SCREEN-PERFORATED INTERVALS: From 190 II. to 230 II., From II. to II.										
From	GRA	VEL PACE	(INTERVALS:	From 20	ft. to	230	II., Fr ft Fr	om om	ft to) ^{IL.}	
GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals From 0 ft. to 20 ft. From ft. to ft.		112217101	thire the state of	From	ft. to	250	ft., Fr	om	ft. to	,	
What is the nearest source of possible contamination: Septic tank	6 GROUT MATERIAL: Neat cement Cement grout N Bentonite Other										
What is the nearest source of possible contamination: Septic tank	Grout Intervals From 0 ft. to 20 ft. From ft. to ft. From ft. to ft.										
Sewer lines	What is the nearest source of possible contamination:										
Watertight sewer lines Seepage pit Feedyard Distance from well Distance from well										ner (specify below)	
FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 2 Surface 142 153 Fine sand & sandy clay w/clay 2 26 Loess 153 156 Caliche 26 63 Clay w/caliche strks 156 164 Caliche w/clay strks 63 86 Clay & caliche w/fine sand & sandstone 164 180 Fine & med sand w/clay & caliche strks Strks 180 209 Fine & med sand w/clay & caliche lenses 86 102 Fine to some med sand w/clay & caliche 209 225 Fine to some med sand w/clay & caliche Lenses 102 110 Caliche w/sandstone strks 110 120 Caliche & clay w/sandstone 120 142 Sandstone w/clay & 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) 12-15-10 and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. 554 of 783 This Water Well Record was completed on (mo/day/year) 12-15-10 to 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 o 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					_	-				e	
142 153 Fine sand & sandy clay w/clay 2 26 Loess 153 156 Caliche 26 63 Clay w/caliche strks 156 164 Caliche w/clay strks 63 86 Clay & caliche w/fine sand & sandstone 164 180 Fine & med sand w/clay & caliche strks Strks 180 209 Fine & med sand w/clay & caliche lenses 86 102 Fine to some med sand w/clay & caliche 209 225 Fine to some med sand w/clay & caliche Lenses 225 240 Yellow ochre/black shale 102 110 Caliche w/sandstone strks 110 120 Caliche & clay w/sandstone 120 142 Sandstone w/clay & caliche strks 120 142 Sandstone w/clay & caliche strks 120 142 Caliche & clay w/sandstone 120 142 Sandstone w/clay & caliche strks 1 To ONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or □ plugged and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. 554 of 783 This Water Well Record was completed on (mo/day/year) 12 10 winder the business name of Woofter Pump & Well Inc. INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau o 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 the street of the sand state of the sand retain the sand state of the sand retain the sand state of t	Direction	from well			Distance f	rom well					
2 26 Loess				LOGIC LOG		+					
26 63 Clay w/caliche strks 63 86 Clay & caliche w/fine sand & sandstone Strks 180 209 Fine & med sand w/clay & caliche lenses 86 102 Fine to some med sand w/clay & caliche Lenses 225 240 Yellow ochre/black shale 102 110 Caliche w/sandstone 120 120 Caliche & clay w/sandstone 120 142 Sandstone w/clay & 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) 12-15-10 and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. 554 of 783 . This Water Well Record was completed on (mo/day/year) 12-15-10 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 o 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									clay w/c	elay	
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102 Fine to some med sand w/clay & caliche 209 225 Fine to some med sand w/clay & caliche Lenses 225 240 Yellow ochre/black shale 102 110 Caliche w/sandstone strks		86	Clay & caliche w/f		164	180	Fine &	med sand w	/clay &		
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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	INSTRUCTI	ONS: Please	fill in blanks and check the	correct answers. Send three o	opies (white, b	olue, pink)	to Kansas	Department of He	ealth and	Environment, Bureau o	
one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.											

Check: \square White Copy, \square Blue Copy, \square Pink 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

COPY

I, Kary Zweygardt	of 31	4 E. Jackson Street							
		(Landowner's address)							
St. Francis, KS 6775 (City) (Stat the SW quarter of the SW	:e)	the landowner on which a NW quarter in Section _							
Range 41 WW, in 9	Cheyenne	C ounty, Kansas w	which is approximately						
2,280 feet north/sports	x, and <u>1,660</u> fo	eet weast/west of the apparent	arent NW s ection						
corner. The water well was	s drilled inDecen	nber, 2010 (n	nonth/year).						
I hereby request that Mid-	Continent Energy (Operator		_ leave the water well,						
which was drilled by Ter	nporary Water Pen	mit # 2010051700 ,	u nplugged, and I will						
assume all responsibility fo	or the plugging of sa	nid water well in accordance	ce with the requirements						
of the Kansas Department of	of Health and Enviro	onment regulation K.A.R.	28-30-7.						
LANDOWNER: (Signature)	6/25/1/ (Date)	OPERATOR: (Signature)	8/2/2011 (Date)						
Kary Zweygardt		By: G. M. Canad (Agent)	lay						
(Print) IF ADDITIONAL LANDO)WNER	(Agent)							
(Signature)	(Date)								
(Print)			RECEIVED						
WWC-7 c/water well section/forms/ db 5/2011			AUG 2 9 2011 BUREAU OF WATER						