

**WATER WELL RECORD Form WWC-5**

1139100

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:

$\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$

T S

R  E  W

**2 WELL OWNER:** Last Name:

First:

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:

Business:

Address:

Address:

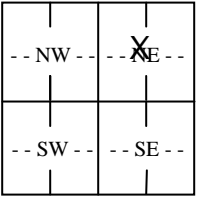
City:

State:

ZIP:

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

N



**4 DEPTH OF COMPLETED WELL:** ..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.

2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... ft.

below land surface, measured on (mo-day-yr).....

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:  WGS 84  NAD 83  NAD 27

Source for Latitude/Longitude:

GPS (unit make/model: .....) (WAAS enabled?  Yes  No)

Land Survey  Topographic Map

Online Mapper: .....

**6 Elevation:** .....ft.  Ground Level  TOC

Source:  Land Survey  GPS  Topographic Map

Other .....

**7 WELL WATER TO BE USED AS:**

- |  |  |   |
|--|--|---|
| 1. Domestic:                           | 5. <input type="checkbox"/> Public Water Supply: well ID .....                     | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....                                      |
| <input type="checkbox"/> Household     | 6. <input type="checkbox"/> Dewatering: how many wells? .....                      | 11. Test Hole: well ID .....  |
| <input type="checkbox"/> Lawn & Garden | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....                        | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| <input type="checkbox"/> Livestock     | 8. <input type="checkbox"/> Monitoring: well ID .....                              | 12. Geothermal: how many bores? .....   |
| 2. <input type="checkbox"/> Irrigation | 9. Environmental Remediation: well ID .....  | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical                  |
| 3. <input type="checkbox"/> Feedlot    | <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        |
| 4. <input type="checkbox"/> Industrial | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection               | 13. <input type="checkbox"/> Other (specify): .....   |

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....  
Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  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:**

- Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

- Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  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:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**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"/> 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) .....  |  |  |   |   |

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
			<b>Notes:</b>		

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  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



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

WATER WELL

I Francis Porsch hereby after this date 5-23 2013  
Or (after Murfin Rig # 2 moves off (well name) Francis 1-25  
Sec. 25 T. 5 R. 29. County Decatur St. KS  
Takes all and full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying Murfin Rig # 2 with water to drill  
Above said lease.

SIGNED: Francis W. Porsch  
LAND OWNER

SIGNED: Bernard Mey  
MDC REPRESENTATIVE

RECEIVED

JUN 03 2013

BUREAU OF WATER

WATER RESOURCES  
RECEIVED

MAY 31 2013

KS DEPT OF AGRICULTURE