

WATER WELL RI		// // C-3	212111		sion of Water		W 11 ID		
		e in Well Use		1	irces App. No.	Taranahin Manah	Well ID	Non-les-	
1 LOCATION OF WA	ATER WELL:	Fraction 1/4 1/4	1/4 1/4		ion Number	Township Numb		ge Number	
County:  2 WELL OWNER: La:	, NI				al Addrage wh	T S here well is located	(:6 1	E W	
Business:	st Name:	First:				ersection): If at owner			
Address:			direction	i iioiii iic	carest town of in	ersection). If at owne	i s addiess, t	nicek nere.	
Address:									
City:	State:	ZIP:			T				
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WEL	L:	ft.	5 Latitude	٠.		(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) Groundwater l								
N SECTION BOX:	2) ft. 3	3) ft., or	4) 🔲 Dry V	ry Well Datum: WGS 84 NAD 83 NAD 27					
	WELL'S STATIC WA			Boarce for Eathade, Eongrade.					
	below land surface,			☐ GPS (unit make/model:					
NW   NE	above land surface,		• • • • • • • • • • • • • • • • • • • •						
W	Pump test data: Well w	pumping			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
		vater was			Опппе маррег.				
SW SE		after hours pumping gpr							
	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC				
S	Bore Hole Diameter:			1		☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other			
mile		in. to	ft.		L	_ Other	• • • • • • • • • • • • • • • • • • • •		
7 WELL WATER TO					10 🗖 00 🖺				
Domestic:     Household		ter Supply: well II				ield Water Supply: 1			
☐ Household ☐ Lawn & Garden	<u> </u>								
Livestock		g: well ID				nal: how many bore			
2. Irrigation		al Remediation: we							
3. ☐ Feedlot	☐ Air Sparge		por Extraction		b) Open Loop   Surface Discharge   Inj. of Water				
4.  Industrial	☐ Recovery	☐ Injection	n		13. 🗌 Other	(specify):			
Was a chemical/bacteri	ological sample subm	itted to KDHE?	☐ Yes ☐	] No	If yes, date sa	ample was submitte	ed:		
Water well disinfected?	☐ Yes ☐ No								
8 TYPE OF CASING I								l   Threaded	
Casing diameter									
Casing height above land su			ll	s./ft.	Wall thickne	ss or gauge No			
TYPE OF SCREEN OR					Пол	(G :C)			
	less Steel			n holo)		(Specify)	•••••		
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:									
			☐ Torch Cut	□Dr	illed Holes	Other (Specify)			
Louvered Shutter	☐ Key Punched ☐ W	ire Wrapped	☐ Saw Cut		one (Open Hole	e)			
SCREEN-PERFORATE	D INTERVALS: From	1 ft. to	ft., 1	rom	ft. to	ft., From	ft. to	ft.	
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From		ft., From	ft. to		ft., From	ft. to	ft.		
Nearest source of possible  ☐ Septic Tank	Contamination:  Lateral Line	.c. □ Dit Deix		Пт	ivestock Pens	□ Insocti	cide Storage		
Sewer Lines	☐ Cess Pool	s			Fuel Storage		oned Water \		
☐ Watertight Sewer Line					Fertilizer Storag		ell/Gas Well	Well	
☐ Other (Specify)									
Direction from well?									
10 FROM TO	LITHOLOG	GIC LOG	FR	OM	TO LI	THO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
N					Notes:				
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)									
Linder the hisiness name	ractor's License No	1 his	water We	и кесо	ora was comp	ieied on (mo-day-y	ear)	•••••	
under the business name of									
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.									

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html



WWC-7

R/Geology/WWC forms – standard/ db 10/25/2012

## ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Lawrence Schroeder	of	475 Arrowhead						
		(Landowner's add	dress)					
Colby Kansas (City) (State) the SW quarter of the SW quar		andowner on which a wate						
Range 28W E/W, in Sheridar		County, Kansas which	n is approximately					
feet north/south, and 2	246 feet	east/west of the apparent	section					
corner. The water well was drilled	in <u>December</u>	2015 (month	h/year).					
I hereby request that	Suemaur Exploration (Operator nan		ave the water well,					
which was drilled by Temporary	Water Permit	# 20150397	, unplugged,					
and I will assume all responsibility for the plugging of said water well in accordance with the								
requirements of the Kansas Department	nent of Health a	nd Environment regulation	n K.A.R. 28-30-7.					
LANDOWNER:  aurner & Musch  (Signature) (Da	te)	OPERATOR: (Signature)	1/12/15 (Date)					
AWRENCE SCHROEPE (Print)	R	By: (Agent)						
IF ADDITIONAL LANDOWNER			RECEIVED					
(Signature) (Da		J	IAN <b>21</b> 2016					
(Dignature)		BU	REAU OF WATER					
(Print)								