

COPY

Bureau of Water
Geology Section
1000 SW Jackson St, Ste 420
Topeka, KS 66612-1367

Phone: 785-296-3565
Fax: 785-296-5509
rharper@kdheks.gov
www.kdheks.gov/geo



Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

April 10, 2012

WOOFTER PUMP & WELL INC
1024 OAK
HOXIE, KS 67740

Re: Appropriation of Water, Application Number 20110558 00

Dear Sir/Madam:

*November-2011
H & C Oil
785-937-3174*

The Division of Water Resources, Kansas Department of Agriculture (DWR) has notified the Kansas Department of Health and Environment (KDHE) the above described Temporary Permit has been issued. The Temporary Permit originally authorized the use of groundwater to be withdrawn by means of the water supply well located as described below:

1 well located in the NW NE NW of SECT 1, T7S, R23W, Graham County, Kansas.

Rich Goetz

Temporary Permits are issued for a duration of 6 months by the DWR. After the Temporary Permit expires KDHE considers the water well abandoned and Kansas Administrative Regulation (K.A.R.) 28-30-7(a) requires abandoned water wells to be plugged or caused to be plugged by the landowner. Once a water well has been plugged, K.A.R. 28-30-4 requires a plugging report (Form WWC-5 or WWC-5 AP@) to be completed and returned to KDHE.

Please answer the following question concerning the water well. Sign on the signature line and return this letter to: KDHE, Attn: Geology Section, Bureau of Water, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367 within two weeks from the date of this letter. If this form is not returned within two weeks, this may result in a follow-up by KDHE to determine the status of the well. If you have questions or need assistance with the form please contact Richard Harper at (785) 296-3565 or by e-mail at rharper@kdheks.gov.

Sincerely,

Richard D. Harper

Richard Harper, LG
Water Well Unit Chief
Geology Section/Bureau of Water

cc: KDHE
NWDO
Graham 01

RECEIVED

APR 25 2012

BUREAU OF WATER

Water Well Question

Will the water well mentioned above be plugged by you after the Permit expires?
(please circle) Yes or No

If you circled No, please explain.

Turned over to landowner

Please sign this form and return to: KDHE - Bureau of Water
Geology Section
1000 SW Jackson St, Ste 420
Topeka, KS 66612-1367

Your telephone number would be appreciated in case we need to contact you.

Signature: 

Name Printed: Karen D Deibert

Telephone No. 785-~~2~~675-3991

RH:db

Temp

c/DWR letters/Merge Letter - Exp Temp - DB 2012

WOOFER PUMP & WELL INC
Application Number 20110558 00
NW NE NW of SECT 1, T7S, R23W, Graham County, Kansas

H & C OIL OPERATING, INC.
P.O. Box 86
Plainville, KS 67663
785-434-7434 Phone/785-688-4200 Fax

Water Well

I, Keith Goetz, hereby after this date, April 17, 2012 or after H & C Oil Operating, Inc. moves off (well name) Goetz 1-1 Sec. 1 T. 7S R. 23W. County Graham State Kansas takes all and full responsibilities of water well drilled on lease.

Drilled for the purpose of supplying H & C Oil Operating, Inc. with water to drill above said lease.

Signed: Keith Goetz
 Keith Goetz, Land Owner

Signed: Charles B Ramsey
 H & C Oil Operating Representative

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20110558

1 LOCATION OF WATER WELL: Graham	Fraction	Section Number	Township Number	Range Number
	E2 ¼ NW ¼ NE ¼ NW ¼	1	T 7 S	R 23 <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
8 north—1/2 east of Hill city, KS

Global Positioning System (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER **Keith Goetz**
 RR#, St. Address, Box # Rt 1, Box 13 C
 Park, KS 67751
 City, State, ZIP Code

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

N	
X	
NW	NE
SW	SE
S	

W E
 [-----1 mile-----]

4 DEPTH OF COMPLETED WELL **165** ft.
 Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL **NA** ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 EST. YIELD _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **4.5** in. to **125** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **18** in., Weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

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 **125** ft. to **165** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **165** 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 **0** ft. to **20** ft. From _____ ft. to _____ 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
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well **None**
 Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	143	160	Fine & med sand w/clay strks & caliche lens
2	18	Loess	160	170	Flint/black shale
18	30	Caliche			
30	46	Sandstone w/caliche strks			
46	32	Clay & caliche w/sand lenses			
62	71	Fine sand w/caliche strks & clay lenses			
71	80	Fine sand w/clay & caliche strks			
80	95	Fine sand & sand clay mix w/clay strks			
95	125	Fine & med sand w/clay strks			
125	143	Fine sand 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) **11/29/11** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554**. This Water Well Record was completed on (mo/day/year) **12-5-11** under the business name of **Woofter Pump & Well Inc.** 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 of 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 one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.