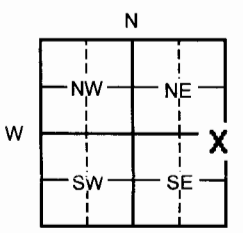


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. 20090165

1 LOCATION OF WATER WELL: County: Graham		Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 13	Township Number T 7 S	Range Number R 24 <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 <input type="checkbox"/> .			Global Positioning System (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Steven & Colleen Couey RR#, St. Address, Box # : 3155 220 th Ave City, State, ZIP Code : Hill City, KS 67642					
3 LOCATE WELL WITH AN "X" IN SECTION BOX:  <p style="text-align: center;">N W E S -----1 mile----- </p>	4 DEPTH OF COMPLETED WELL <u>145</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input checked="" type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter <u>4.5</u> in. to <u>105</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>18</u> in., Weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>.248</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <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"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>105</u> ft. to <u>145</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>145</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals From <u>0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the 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"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <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 <u>None</u> Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	82	100	Fine & med sand w/clay strks & caliche lenses
2	12	Loess	100	110	Fine sand w/clay lenses
12	23	Caliche	110	121	Fine to some med sand w/clay & caliche strks
23	30	Fine sand w/caliche strks	121	133	Fine & med sand w/clay strks
30	33	Caliche	133	140	Yellow ochre strks w/flint & caliche strks
33	36	Fine sand w/caliche lenses	140	150	Black shale
36	38	Chirt (Hard)			
38	40	Fine sand w/caliche lenses			
40	58	Fine & med sand w/clay & caliche lenses			
58	82	Clay & caliche w/sandy clay strks			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>6/29/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554 or 783</u> . This Water Well Record was completed on (mo/day/year) <u>7-13-09</u> under the business name of <u>Woofter Pump & Well Inc.</u> by (signature) <i>[Signature]</i>					
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 .					



KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Steven Couey of 3155 220th Avenue
(Landowner's address)

Hill City KS 67642 am the landowner on which a water well is located in
(City) (State) (Zip)
the NE quarter of the NE quarter of the SE quarter in Section 13, Township 7S,
Range 24 E W, in Graham County, Kansas which is approxi-
mately 2605 feet north/south, and 225 feet east/west of the apparent NE
section corner. The water well was drilled in July 2009 (month/year).

I hereby request that WW Drilling, LLC leave the water well,
(Operator name)

which was drilled by Temporary Water Permit # 2009016500, 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.

RECEIVED

APR 19 2010

BUREAU OF WATER

LANDOWNER

OPERATOR

[Signature]
(Signature) (Date)

WW Drilling LLC 4/9/10
(Signature) (Date)

Steven C. Couey
(Print)

By: Dusty Rhoades
(Agent)

IF ADDITIONAL LANDOWNER

Colleen Couey 4-7-10
(Signature) (Date)

Colleen Couey
(Print)



STATE OF KANSAS GRAHAM COUNTY, KANSAS
JUANITA TOLL REGISTER OF DEEDS

Book: 243 Page: 605 - 606

Receipt #: 31457
Pages Recorded: 2

Recording Fee: \$12.00

Juanita Toll

Date Recorded: 4/12/2010 10:00:37 AM

[Handwritten mark]

Operator's

Witness to LANDOWNER'S Signature:

Subscribed and sworn to before me this 9th day of April, 2010.

Signature of Notary Public: Mitzi Fagan

Expiration Date: 3-30-13

Seal of Notary Public:



Landowner's

Witness to OPERATOR'S Signature:

Subscribed and sworn to before me this 4/7/10 day of _____, 20____.

Signature of Notary Public: Kameo Smith

Expiration Date: 9/15/2012

Seal of Notary Public:

