

WATER WELL RE		** ** C-3	221202		sion of Water		W 11 ID			
		e in Well Use			irces App. No.		Well ID	N. 1		
1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Numb		ge Number		
County:		1/4 1/4	1/4 1/4		.1 . 4 .1 .1	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 pearest town or intersection): If at owner's address, check here:										
Address:	direction from nearest to will of intersection). If at o which is address, effect from									
Address:										
City:	State:	ZIP:								
3 LOCATE WELL	3 LOCATE WELL WITH WY D 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude: (decimal des									
WITH "X" IN	Depth(s) Groundwater I									
SECTION BOX:	2) ft. 3									
N	WELL'S STATIC WAT									
	☐ below land surface,				(unit make/model:)			
NW NE	above land surface,	day-yr)	(WAAS enabled? \(\subseteq \text{ Yes} \(\supseteq \text{ No} \)							
	Pump test data: Well w		☐ Land Survey ☐ Topographic Map							
E E	after hours			Online Mapper:						
SW SE	Well w									
	after hours Estimated Yield:	gpm	6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter:		ft. and							
mile				-	Other					
7 WELL WATER TO	BE USED AS:				1					
1. Domestic:										
☐ Household	6. Dewatering: how many wells?									
☐ Lawn & Garden		echarge: well ID		Cased Uncased Geotechnical						
Livestock	8. Monitoring									
2. Irrigation	9. Environmental Remediation: well ID									
3. Feedlot	☐ Air Sparge		por Extraction	on	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. Industrial	☐ Recovery	☐ Injection								
Was a chemical/bacterio		itted to KDHE?	☐ Yes ☐] No	If yes, date sa	ample was submitte	ed:	• • • • • • • • • • • • • • • • • • • •		
Water well disinfected?										
8 TYPE OF CASING U								I ☐ Threaded		
Casing diameter										
			II	os./It.	Wall thickne	ss or gauge No	•••••			
TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Fiberglass □ PVC □ Other (Specify)										
		_		en hole)		(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 ☐ W	ire Wrapped	☐ Saw Cut	☐ No	one (Open Hole	e)				
SCREEN-PERFORATED INTERVALS: From										
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										
Nearest source of possible contamination:										
☐ Septic Tank☐ Sewer Lines	Lateral Line				Livestock Pens Fuel Storage		cide Storage oned Water \			
☐ Watertight Sewer Line	☐ Cess Pool s ☐ Seepage Pit	☐ Sewag ☐ Feedya			ertilizer Storage		ell/Gas Well	wen		
Other (Specify)										
Direction from well?		Distance from	m well?			ft				
10 FROM TO	LITHOLOG		FR			THO. LOG (cont.) o		G INTERVALS		
Notes:										
11. CONTRACTORICOR AND ONLY PROGRAMMENT OF THE CONTRACTOR OF THE C										
11 CONTRACTOR'S	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)									
Kansas Water Well Contractor's License No										
under the business name	of	11118			na was comp	icica on (mo-day-y	····			
under the business name	end one copy to WATER W	ELL OWNER and re	tain one for y	our recor	ds. Fee of \$5.00) for each <u>constructed</u> w	ell.			
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



ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Neilus A. & Mary Ann Rome of 198	5 Alkire Street
Trust	(Landowner's address)
(City) (State)	ne landowner on which a water well is located in NW quarter in Section 25, Township 7S,
Range 26 FWW, in Sheridan	County, Kansas which is approximately
4280 feet north/xauth, and 3127 fee	et east/west of the apparent section
corner. The water well was drilled in <u>August</u>	, 2014 (month/year).
I hereby request thatMull_Drilling Compa (Operator r	
which was drilled by Temporary Water Perm	nit # 20140786 , unplugged, and I will
assume all responsibility for the plugging of said	d water well in accordance with the requirements
of the Kansas Department of Health and Enviror	nment regulation K.A.R. 28-30-7.
LANDOWNER: THE NEILUS A. & MARY ANN ROME TRUST Medus A. Jone 11/13 (Signature) (Date)	OPERATOR: 11/6/14
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Signature) (Date)
Neilus A. Rome (Print)	By: Mark A. Shreve, President/C00 (Agent)
IF ADDITIONAL LANDOWNER	
(Signature) (Date)	<i>t</i>
Mary Ann Rome	RECEIVED
(Print)	NOV 19 2014
WWC-7 R/Geology/WWC forms – standard/ db 10/25/2012	BUREAU OF WATER