

WATER WELL RECORD

Form **WWC-5**

1373655

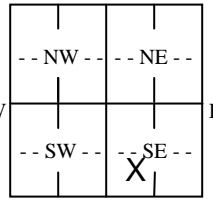
Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County:	Fraction ¼ ¼ ¼ ¼	Section Number	Township Number T S	Range Number R E W
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2 WELL OWNER: Last Name: Business: Address: Address: City: State: ZIP:	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: <input type="checkbox"/>
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3 LOCATE WELL WITH "X" IN SECTION BOX: N  W E S -----1 mile-----	4 DEPTH OF COMPLETED WELL: ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> 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: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:
6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other		

7 WELL WATER TO BE USED AS:		
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID 6. <input type="checkbox"/> Dewatering: how many wells? 7. <input type="checkbox"/> Aquifer Recharge: well ID 8. <input type="checkbox"/> Monitoring: well ID 9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 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:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify)

Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS

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) 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

County: Sheridan Fraction: SW NE SW SE Sec. 3 T. 8 S R. 26 W

CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)

Owner: Schieferecke Living Trust SLT 1-3

If location corrected, was listed as:

Section-Township-Range: _____

Fraction (1/4 calls): SE SW SE

Location changed to:

SW NE SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: Correction applies only to the WWC-7 form, Assignment of Water Well to Landowner

Verification method: LEOWEB verification of construction report using given Lat/Long

Initials: KS Date: 3-7-2018

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367



Reply to: (785) 296-3565 or FAX (785) 296-5509
Bureau of Water – Geology & Well Technology Section
1000 S. W. Jackson, Ste. 420
Topeka, KS 66612-1367

ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Schieferecke Living Trust of 1607 N Road 140 E
(Landowner's address)

Hoxie KS am the landowner on which a water well is located in the
(City) (State)

SE quarter of the SE quarter of the SW quarter of the SE quarter of Section 3,
Township 8S S, Range 26 ~~E~~/W, in Sheridan County, Kansas which is approximately
603 feet north/~~south~~, and 1,736 feet ~~east~~/west of the apparent SE section corner.

The water well was drilled in November, 2017 (month/year).

I hereby request that Mull Drilling Company, Inc. leave the water well,
(Well operator/owner name)

which was drilled under Temporary/Term Water Permit # 20170271, 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.

LANDOWNER:

Kathryn Schieferecke, trustee
(Signature) 1/8/2018
(Date)

WELL OWNER:
[Signature] 1/2/18
(Signature) (Date)

Kathryn Schieferecke, trustee By: Mark Shreve, President/COO
(Print) (Agent) Mull Drilling Company, Inc.

IF ADDITIONAL LANDOWNER

(Signature) (Date)

(Print)

RECEIVED
JAN 25 2018
BUREAU OF WATER