

Kansas Department of Agriculture
 Division of Water Resources
CHANGE: P/D WORKSHEET

1. File Number: 31946	2. Status Change Date:	3. Change Num: 1	4. Field Office: 02	5. GMD: 05			
6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return				7. Filing Date of Change: 3/7/18			
8a. Applicant(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____		8c. Landowner(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____	
8b. Landowner(s) New to system <input type="checkbox"/>		Person ID 59931 Add Seq# 1		8d. WUC New to system <input type="checkbox"/>		Person ID 59931 Add Seq# 1	
ILS LAND LLC PO BOX 1506 GREAT BEND KS 67530-1503				8B			
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/18 <input checked="" type="checkbox"/> N & P Date to Comply: 12/31/18							
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" type="checkbox"/> Driller Copy <input checked="" type="checkbox"/> H & E Letter							
<input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____							
10. Use Made of Water From: --- _____ To: --- _____							
						Date Prepared: 3/8/18	
						By: EKF	
						Date Entered:	
						By:	

File No. **31946** 11. County: PN Basin: ARKANSAS RIVER Stream: --- Formation Code: 180 Special Use: ---

12. Points of Diversion											Rate and Quantity					
CHK	MOD	DEL	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
DEL	36622	CW	NW SW		15	22	15W	4	1805	5220						NONE
ENT	_____	SW	NW SW		15	22	15W	__	1850	5220		535	120	535	120	NONE
CHK	51016	NC	W2 SW SW		15	22	15W	5	785	4940						NONE

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

16. Place of Use				NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files					
CHK	MOD	DEL	ENT	PUSE	S	T	R	ID	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼				
CHK	30635	15	22	15W	1																					59931	N	31216, 31217, 37328
CHK	36404	16	22	15W	3																					59931	N	31216, 31217, 37328

Base Acres: --- Year: --- Minimum Reasonable Quantity:

Comments:

Submit completed application to:
 Kansas Department of Agriculture
 Division of Water Resources
 Field Office for your area.
 Call for address:

Topeka -- (785) 296-5733
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
<http://agriculture.ks.gov/dwr>

DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION **WATER METER REQUIRED**



STATE OF KANSAS

Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.
 Fee Schedule is on the third page of this application form.

Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions. If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

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3:35pm
MAR 07 2018

File No. 31946

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):
- Stafford, Kansas
 Division of Water Resources
- Place of Use Point of Diversion
- under the water right which is the subject of this application in accordance with the conditions described below.
- The source of supply is: Groundwater Surface water

2. Name and address of Applicant: Bronson Smith
- ILS Land LLC, PO Box 1506, Great Bend KS 67530-1506
- Phone Number: (620)792-6166 Email address: bronson.smith@ilsbeef.com
- Name and address of Water Use Correspondent: ILS Land LLC
- PO Box 1506, Great Bend KS 67530-1506
- Phone Number: (620)792-6166 Email address: _____

3. The presently authorized place of use is:
- Owner of Land ---- NAME: ILS Land LLC
- ADDRESS: PO Box 1506, Great Bend KS 67530-1506
- (If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
No	Change																		

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:
- Owner of Land ---- NAME: _____
- ADDRESS: _____
- (If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

For Office Use Only: Code _____ Fee \$ <u>100</u> - TR # _____ Receipt Date _____ Check # <u>3695</u>
--

5. **Presently authorized point of diversion:**
 One in the --- Quarter of the CW NW Quarter of the SW Quarter
 of Section 15, Township 22 South, Range 15 W,
 in Pawnee County, Kansas, 1805 feet North 5220 feet West of Southeast corner of section.
 Authorized Rate 535 gpm Authorized Quantity 120 AF Depth of well 85 (feet)
 (DWR use only: Computer ID No. 4 GPS N/A feet North N/A feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the SW Quarter of the NW Quarter of the SW Quarter
 of Section 15, Township 22 South, Range 15 W,
 in Pawnee County, Kansas, 1850 feet North 5220 feet West of Southeast corner of section.
 Proposed Rate no change Proposed Quantity no change Proposed well depth (feet) ~80
 This point is: Additional Well Geo Center List other water rights that will use this point none

6. **Presently authorized point of diversion:**
 One in the --- Quarter of the NC W2 SW Quarter of the SW Quarter
 of Section 15, Township 22 South, Range 15 W,
 in Pawnee County, Kansas, 785 feet North 4940 feet West of Southeast corner of section.
 Authorized Rate 545 gpm Authorized Quantity 116 AF Depth of well 81 (feet)
 (DWR use only: Computer ID No. 5 GPS N/A feet North N/A feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the --- Quarter of the --- Quarter of the --- Quarter
 of Section ---, Township --- South, Range --- (E/W),
 in --- County, Kansas, --- feet North --- feet West of Southeast corner of section.
 Proposed Rate --- Proposed Quantity --- Proposed well depth (feet) ---
 This point is: Additional Well Geo Center List other water rights that will use this point none

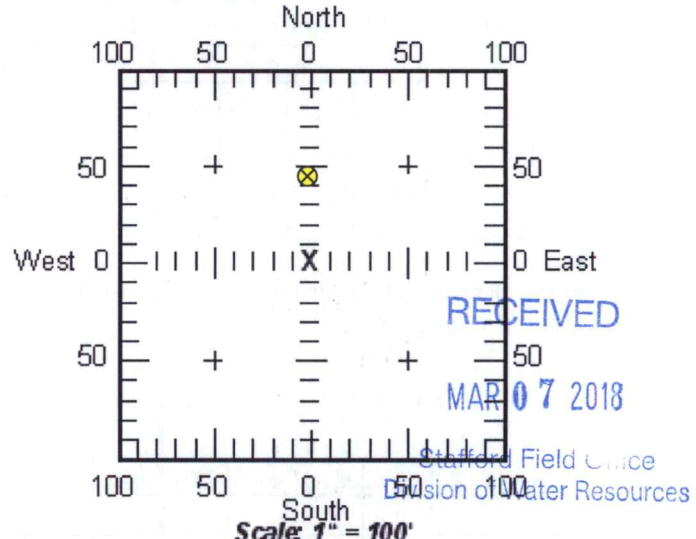
7. The changes herein are desired for the following reasons?
 (please be specific) well casing is failing

8. If a well, is the test hole log attached? Yes No
 9. The change(s) (was)(will be) completed by?
 ASAP
 10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
 plug it
 (b) When will this be done? when new well drilled

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by EKF // SFFO

13a. If the proposed point of diversion will be relocated within 100 feet of the existing point of diversion, indicate its location on the diagram below in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram below represents presently authorized point of diversion.)



13b. If the proposed point of diversion will be relocated more than 100 feet but within 1320 feet from the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines.

14. If the proposed groundwater point of diversion is 300 or fewer feet from existing point of diversion, complete the following:

- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
- (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
- (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at Stafford, Kansas, this 7th day of March, 2018.

[Signature]

(Owner)

(Spouse)

Branson Smith

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

State of Kansas }
County of Stafford } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 7th day of March, 2018.



[Signature]

Notary Public

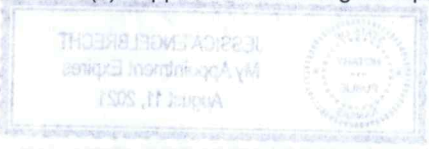
My Commission Expires _____

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

FEE SCHEDULE

Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (1) Application to change a point of diversion 300 feet or less \$100
- (2) Application to change a point of diversion more than 300 feet \$200
- (3) Application to change the place of use \$200



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MAR 07 2018

SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-5-1, *et seq.* and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et seq.*, and rules and regulations promulgated thereunder. With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 31946.

1. A change application was received on March 7, 2018 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a 50 foot radius of the authorized point(s) of diversion. Applicable Not Applicable
4. The point(s) of diversion authorized herein shall not actually be located more than 95 feet from the previously authorized point(s) of diversion. Applicable Not Applicable
5. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
6. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2018,** or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year.
 Applicable Not Applicable
7. **Installation of the works for diversion of water shall be completed on or before December 31, 2018,** or within any authorized extension of time. By March 1, 2019 the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e.
 Applicable Not Applicable
8. **The completed well log shall be submitted with the required notice.** Applicable Not Applicable
9. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
10. Additional Conditions are attached. Yes No
11. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

Administrative Appeal and Effective Date of Order

If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within **15 days** of service of this Order and a request for administrative review by the Secretary must be filed within **30 days** pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with **Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502**. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

For Use by Register of Deeds

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MAR 07 2018

FOR OFFICE USE ONLY
APPLICATION APPROVED AND SUMMARY ORDER ISSUED

Stafford Field Office
Division of Water Resources

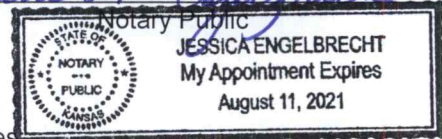
By: Cameron P. Conant
Duly Authorized Designee of the Chief Engineer
(Print Name): Cameron P. Conant
Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: 3/7/18

State of Kansas)
County of Stafford) SS

Acknowledged before me on 3/07/18
by Cameron Conant

Signature: Jessica Engelbrecht
Notary Public



My commission expires _____

(Notary Seal)



Stafford Field Office
300 S. Main Street
Stafford, Kansas 67578-1521

Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Jeff Lanterman, Water Commissioner

Phone: 620-234-5311
Fax: 620-234-6900
www.agriculture.ks.gov
Governor Jeff Colyer, M.D.

March 7, 2018

Bronson Smith
ILS Land LLC
PO Box 1506
Great Bend KS 67530-1506

Re: Water Right, File No(s). 31946

Dear Water Right Owner:

Enclosed is the order executed by the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number(s).

Your attention is directed to the enclosures and to the terms, conditions and limitations specified in this approval for change. An acceptable water flow meter must be installed on your well before any water is applied as authorized under this change approval. A copy of the approved list of Certified Water Flowmeters as well as the regulations regarding the installation of flowmeters, measurement tubes and check valves can be found at <http://agriculture.ks.gov/divisions-programs/dwr/water-appropriation/water-flowmeters>. If you do not have access to the internet, please contact this office and we will send you a paper copy of the referenced information.

Since this order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

This order requires that a notice and completion of works form be submitted once the diversion works are completed, including a properly installed flowmeter. This form is available at the referenced website.

Any abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

Should you have any questions, please feel free to contact this office. If you wish to refer to a specific file, please reference it when you contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Lanterman".

Jeff Lanterman
Water Commissioner

Enclosures

pc: Water Rights Section
Groundwater Management District No.5


CERTIFICATE OF SERVICE

On this **7th** day of **March, 2018**, I hereby certify that the attached Change in Point of Diversion for Water Right, File No. **31946**, dated **March 7, 2018** was hand delivered to the following:

Bronson Smith

A copy of the letter was sent to the following;

GMD 5



Staff

DRILLER'S TEST LOG

Customer Name: ILS Land #46 Date: 7/26/2017
 Address: _____ Test No: #2-17
 County: Pawnee Quarter: SW Section: 15 Township: 22 Range: 15

Drilled Footage		Description of Strata	Indicate Test Location by an X			
From	To					
0	3	Top soil				
3	6	Brown clay				
6	17	Gray, brown clay				
17	24	Soft sandy clay				
24	35	Sand & gravel- small med clean coarse loose				
35	55	Gravel- small med w/ small clay streaks				
55	60	Sand & gravel- med coarse w/ some tan clay	*			
60	70	Sand & gravel- fine to small w/ tan clay				
70	80	Gravel- fine to small clean loose				
80	90	Soft sandy sticky shale				
			Static Water Level: _____ Ft			
			Remarks: <u>Plugged test (7-26-17)</u>			
			Garmin GPS- Nad 83			
			Latitude: N			
			Longitude: W			
			Elevation: _____			
			Driller: <u>Luis Luna</u>			
			Spot Location: <u>SW/ NW/ SW</u>			

ROSENCRANTZ-BEMIS EQUIPMENT CO., INC
 Telephone (620) 792-2488 or (620) 793-5512
 P.O. Box 713, Great Bend, KS 67530

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MAR 07 2018

Stafford Field Office
 DIVISION OF WATER RESOURCES

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Pawnee	Fraction SW 1/4 NW 1/4 SW 1/4	Section number 15	Township number T 22	Range number S R 15	E/W
2. Distance and direction from nearest town or city: 9 1/2 miles Southeast of Larned, KS Street address of well location if in city:				3. Owner of well: H. Lee Turner R.R. or street: Route 1 City, state, zip code: Great Bend, KS 67530			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: 		6. Bore hole dia. <u>24</u> in. Completion date <u>6-30-77</u> Well depth <u>85</u> ft.	
5. Type and color of material				From	To	7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary	
Top soil				0	4	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Gray & brown clay & sandstone				4	12	9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>41</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>7 ga.</u>	
Sandy clay				12	24	10. Screen: Manufacturer's name <u>D-Doerr</u> <u>C-Cook</u> Type <u>Double-slot</u> Dia. <u>16"</u> <input checked="" type="checkbox"/> Slo gauge <u>1/8</u> Length <u>D-24' C-20</u> Set between <u>D 41-61</u> ft. and <u>81-85</u> ft. <u>C- 61</u> ft. and <u>81</u> ft. Gravel pack <input checked="" type="checkbox"/> yes Size range of material <u>3/8-200</u>	
Sand & gravel & clay streaks				24	39	11. Static water level: <u>24</u> ft. below land surface Date <u>5-18-77</u> mo./day/yr.	
Sand & gravel & clay streak at 46' & 64'				39	70	12. Pumping level below land surfaces: <u>N/C</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
Sand & gravel & clay streaks				70	81	13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
Brown & blue clay				81	85	14. Well head completion: <u>12</u> inches above grade <input type="checkbox"/> Pitless adapter <u> </u>	
						15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
						16. Nearest source of possible contamination: <u>FIELD</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>12MB-2</u> HP <u>25</u> Volts <u>460</u> Length of drop pipe <u>80</u> ft. capacity <u>990</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(Use a second sheet if needed)							
18. Elevation:		19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Clarke Well & Eq., Inc.</u> <u>185</u> Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>[Signature]</u> Date <u>7-5-77</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

22 150 15 SW NW SW
T R Sec
1/4 1/4 1/4

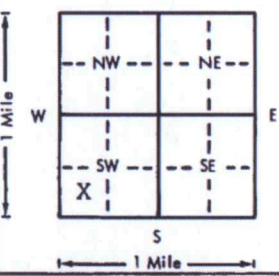
Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County Pawnee	Fraction SW 1/4 SW 1/4	Section number 15	Township number T 22 S	Range number R 15 E
2. Distance and direction from nearest town or city: 10 Miles Southeast of Larned, KS Street address of well location if in city:			3. Owner of well: H. Lee Turner R.R. or street: Route 1 City, state, zip code: Great Bend, KS 67530		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>24</u> in. Completion date <u>8-24-77</u> Well depth <u>81</u> ft.
Top soil & brown clay			0	5	7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary
Gray clay			5	14	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Sandy clay			14	23	9. Casing: Material <u>steel</u> Height: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia <u>16</u> in. to <u>46</u> ft. depth Wall Thickness: inches or Dia <u>16</u> in. to <u>71</u> ft. depth gage No. <u>7 ga.</u>
Sand & gravel & clay streak at 34'-40'-57'-59'			23	65	10. Screen: Manufacturer's name <u>Cook</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot gauze <u>1/8</u> Length <u>22' 30"</u> Set between <u>46</u> ft. and <u>66</u> ft. <u>71</u> ft. and <u>81</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>
Gray clay			65	70	11. Static water level: <u>25</u> ft. below land surface Date <u>7-22-77</u> mo./day/yr.
Brown clay & sand & gravel 77' - 79'			70	81	12. Pumping level below land surfaces: <u>N/C</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.
					13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
					15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>FIELD</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>12MB-2HP 20</u> Volts <u>460</u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Clarke /Well & Eq., Inc. 185 Business name <u>Great Bend, KS</u> License No. <u>67530</u> Address <u> </u> Date <u>8-25-77</u> Signed <u>D.W. Clarke</u> Authorized representative		

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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5