			Form V					on of Water				Vell ID			
	Original Record Correction Change in Well Use					Resources App. No.					A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE	ge Number			
1 LOCATION OF WATER WELL: County: Douglas       Fraction         SE ¼       SE ¼						4 NE 1/4	NE¼ 19 T 13 S R 21 ØE ⊡W								
		ast Name: Cas	e	First: Kell	Street or F	reet or Rural Address where well is located (if unknown, distance and									
Business: Address:	Address: 1151 E 1750 Pd							irection from nearest town or intersection): If at owner's address, check here:							
Address:	Address:							131 E 1750 Rd awrence, KS 66046							
	4 DEPTH OF COMPLETED WELL:							ft. 5 Latitude:							
WITH "X" IN SECTION BOX: NDepth(s) Groundwater Encountered: 1)							Dry Well Datum: 🗹 WGS 84 🗌 NAD 83 🗌 NAD 27								
WELL'S STATIC WATER LEVEL:							ft. Source for Latitude/Longitude:								
below land surface, measured on (mo-day-yr						-yr).04/22/20	04/22/2019 GPS (unit make/model:)								
NW	NWNE Pump test data: Well water was												lo)		
w							Land Survey      Topographic Map     Online Mapper:								
	Well water was ft.														
	alter						6 Elevation:ft. 12 Ground Level 11 TOC								
	s Bore Hole Diameter:							Source	er 🗖 1	Land Survey	GPS	к Пта	opographic Map		
,	1 mile  in. to									Other NOLAI	<b>.</b>				
		O BE USED			11 10				1 17:-1	1 Weter Comple	. 1				
1. Domestic:       5. □ Public Water Supply: well ID         ☑ Household       6. □ Dewatering: how many wells?							10. □ Oil Field Water Supply: lease     11. Test Hole: well ID								
	□ Lawn & Garden 7. □ Aquifer Recharge: well ID														
	Livestock 8. Monitoring: well ID									l: how many b					
2. ] Irrigation       9. Environmental Remediation: well ID.         3. ] Feedlot       ] Air Sparge         Soil Vapor Ex							•			Loop 🗌 Hori					
4. 🗌 Industr	Exuaction	b) Open Loop  Surface Discharge  Inj. of Water 13.  Other (specify):													
Was a che	mical/bacte	riological sar	nple subm		njection	Yes 🛛 N	5 If	fyes, date	e sam	ple was subm	itted: .				
Water well	disinfected	? Ves 🗖	No												
8 TYPE O	F CASING	GUSED: 🗆 S	teel PV	C 🗌 Other		CAS	SING	JOINTS	: 🛛	Glued Clar	iped [	] Welde	d 🗌 Threaded		
Casing diam	eter	in. to	24 in	Diameter . Weight	· · · · · · · · · · · · · · · · · · ·	. in. to lbs/f	· · · · · · ·	. ft., Diam Wall thick	neter.	or gauge No.	o DR26	ft.	d 🗌 Threaded		
TYPE OF S	SCREEN O	R PERFORA	ΓΙΟΝ ΜΑ΄	TERIAL:	• • • • • • • • • • • • • • • • • • • •		••	Went union	iness.	or Buebe rior					
□ Steel	🗖 Sta	inless Steel			PVC			🗌 Oth	ner (Sj	pecify)		•••••			
		vanized Steel		D.C.	□ None	used (open h	ole)								
5	nuous Slot	RATION OPE		RE: auze Wrappe	м ⊓т	orch Cut	Drill	led Holes		Other (Specify)					
	ered Shutter	Key Punc	hed 🗍 W	ire Wrapped	1 🛛 S	aw Cut 🛛 🗌	Non	e (Open H	Iole)						
SCREEN-H	PERFORAT	ED INTERV	ALS: Fron	n110 f	t. to .130	ft., Fror	1	ft. to	o	ft., From		ft. to	ft.		
G	RAVEL PA	CK INTERV	ALS: Fron	n	t. to13	9 ft., Fror	<u>n</u>	ft. to	0	ft., From		ft. to	ft.		
9 GROUI	9 GROUT MATERIAL: □ Neat cement □ Cement grout ☑ Bentonite □ Other Grout Intervals: From0 ft. to ft., From ft., From ft. to ft.														
Nearest source of possible contamination: V No potential source of contamination within 200 ft.															
□ 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 fro	om well?			Dista		vell?						110.00			
10 FROM 0	TO		ITHOLOG	GIC LOG		FROM		TO	LITI	10. LOG (cont	) or PI	LUGGIN	G INTERVALS		
8	8 20	soil & clay shale					+								
20	37	sandstone													
37	64	shale													
64	65	coal													
65	92	shale									<i>,</i>				
92	128	sandstone	andstone andstone & lime					Notes:							
128	sandstone &														
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugg under my jurisdiction and was completed on (mo-day-year) .94/22/20.19 and this record is true to the best of my knowledge and belie												or D plugged			
under my i	urisdiction	and was comp	leted on (n	no-dav-vea	r) .04/22/	2019 ai	nd thi	s record i	is tru	e to the best o	f my k	nowled	ge and belief.		
Kansas Water Well Contractor's License No. 953															
	Under the business name of AMEDIS, FJOURIUS & HYSSOFIERUS, ORG LYCOJS LIJACHY REPARCHARMAN (C. 1997), 1997 (C.														
KS Departs	ment of Health	and Environment	t, Bureau of V	Water, Geolog	y Section, 1	000 SW Jacks	on St.,	, Suite 420,	Topel	ka, Kansas 66612	-1367.	Telephon	e 785-296-3565. SA 82a-1212		
Visit us at h	nup://www.kd	neks.gov/waterwe	n/index.html									11			