WAIL	KWE	LL RECORD	Form W	WC-5	I	Division of Wate	r Resources App. N	(o. L	
1 LOCATION OF WATER WELL:		Fraction		Sect	ion Number	Township No.	Range Number		
County: MIAMI		NW 1/4 NW 1/4 SW 1/4			3	T 16 S			
Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS)									
		town or intersection: If at o			Lati	tude: 3	F. 68 4332	(in decimal degrees)	
Longitude: 7.4. 4.3.54.9.4 (in decimal degr								14 (in decimal degrees)	
Elevation:									
Datum: WGS 84, NAD 83, NAD 27									
2 WA							*, □ NAD 83, □	J NAD 27	
RR#, Street Address, Box #: 24455 MISSION BELLEVIEW RD						ection Method:	- A # 1.)	
		77D C 1.		Digital Man/Dh	e/Model:	:- M [] I C			
City, State, ZIP Code : LOUISBURG, KS 66053						Digital Map/Photo, Topographic Map, Land Survey			
Est. Accuracy:									
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 135 135' BORES									
	H AN "A TION BO	TO A DEFIN OF CONTRETED WELL MAN TO THE TOTAL THE TOTAL TO THE TOTAL T							
SEC	N N	1 2 p = (5) 3 2 min min 2 modernes (1) (1 min min min (2) (1 min							
	14	WELL SSIATIC WATER LEVEL							
	Pump test data: Well water wasft. after hours pumping								
N	EST. YIELD. 0gpm. Well water wasft. after								
w	W								
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well									
SW SE Domestic Feedlot Oll field water supply Dewatering Other (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well CLOSED LOOP									
West chemical/hermical constant and a monitoring well Second Seco									
Was a chemical/bacteriological sample submitted to Department? Yes No									
S If yes, mo/day/yr sample was submitted									
mile Water well disinfected?									
5 TYPE OF CASING USED: Steel PVC Other H.D. POLYETHYLENE									
CASING JOINTS: Glued Clamped Welded Threaded FUSION									
Casing Joints. Guided Clamped Weided Inreaded									
Casing diameter .3/4 in. to .135 ft., Diameter in. to ft., Diameter in. to ft.									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL: NONE									
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE: NONE									
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)									
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)									
SCREEN-PERFORATED INTERVALS: From									
From									
GRAVEL PACK INTERVALS: From								to A	
1			From	A to	• • • • • • • • • • • • • • • • • • • •	A From	Α	to	
From									
Grout In	tervals:	Enam 135 A 4	3 — Cement groun	. W Dent	onne [Otner	*****************		
			π., From	1	. It. to	tt.,	From	ft. toft.	
what is	the near	est source of possible contain	_	_		_			
l ⊨	Septic ta			Livestoci		Insecticide	storage 🔲 Oth	er (specify below)	
▎ ٰٰٰ	Sewer li		Sewage lagoon	Fuel storage Abandoned water well					
L	Watertig	ht sewer lines 🔲 Seepage pi	t ∐ Feedyard	🔲 Fertilizer		Oil well/ga		• • • • • • • • • • • • • • • • • • • •	
Dire	ction from	m well		. Distanc	e from w	ell	• • • • • • • • • • • • • • • • • • • •	**********	
FROM	TO	LITHOLOGI	IC LOG	FROM	TO			GGING INTERVALS	
0	3	SOIL/CLAY		<u> </u>		1			
3	15	BROKEN LIMESTONE			<u> </u>	 			
15	25			 	ļ	 			
		LIMESTONE		ļ		 			
25	27	SHALE	· · · · · · · · · · · · · · · · · · ·						
27	30	LIMESTONE		135	3	3-135' BOF	RES PLUGGED	WITH	
30	82	SHALE					D BENTONITE		
82	90	LIMESTONE		<u> </u>	1				
90	120	SHALE			 		· · · · · · · · · · · · · · · · · · ·		
			 		ļ	-			
120	130	LIMESTONE			ļ		·		
130 135 SHALE									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo/day/year) .04/16/20.15 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 561 This Water Well Record was completed in (mo/day/year) 04/20/2015									
under th	e husina	ss name ofEVANS.ENE	RGY DEVELOPME	NT INC	L /	ras compieus	on into uay year)	.T.::TY:TY::X	
INCTDIA	TIONS	Use typewriter or ball point pen.	DI FACE DDECC EINLAND	and DDDD	by (orginature)	Wed by		
TIGINO	Kansas D	epartment of Health and Environm	ent Bureau of Water Geol	anu <u>PRINI</u> (HOMO COLU	lackson St. Suita	and check the correct a	answers. Send one copy to	
Telepho	ne 785-296	5-5524. Send one copy to WATFI	R WELL OWNER and reta	in one for von	r records	Include fee of \$5	740, I OPCKE, KERSES	red well Visit us at	
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at									