		RECORD		WWC-5			ision of Wat]			
		Correction VATER WEL		<u> </u>			urces App. 1		Farmakin Manal	WellID	as Niveshau		
	y: MARSHA		ıL;	Fraction NE 1/4 SW 1/4	SE 1/4		tion Numb 33	er i	Fownship Numl T 2 S		ige Number ■ E □ W		
	<u> </u>	Last Name: CRO	OME	First: KEVEN				where	well is located				
Business	:			7 11000 1 1 2 1 2 1 1	irrection from nearest town or intersection): If at owner's address, check here:								
Address:	Address:							APROX. 1000 FEET SOUTH OF THE INTERSECTION OF					
City:	MARYS	/ILLE	State: KS	ZIP: 66508	5	SOUTH 13TH STREET AND JACKSON STREET MARYSVILLE							
3 LOCAT			OF COL	1PLETED WE	T T .	42 A	5 T		39-50-07.	00 N			
WITH		त 11. ft.	5 Laut	ruae:	96-38-32	50 W	(decimal degrees)						
SECTION		Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27											
WELL'S STATIC WATER LEVEL:							. ft. Source for Latitude/Longitude						
	below land surface, measured on (mo-day above land surface, measured on (mo-day))		
NW	Pump test data: Well water was						······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map						
w 	E afterhours pumping						Online Mapper:						
SW	SE	Well water was ft.											
	Estimated Yield:20gpm						6 Elevation:ft. ☐ Ground Level ☐ TOC						
	S Bore Hole Diameter:12 in. to20						Source		and Survey				
	mile	0.000		8 in. to	.42	ft.			Other		<u></u>		
1		O BE USED A		stan Cramber	ID		10 🗆 0	M Diala	l Water Complex				
	1. Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells?						10. Oil Field Water Supply: lease						
	Lawn & Garden 7. ☐ Aquifer Recharge: well ID												
Livest				g: well ID					: how many bore				
2. ☐ Irrigat 3. ☐ Feedle			ivironment] Air Sparg	al Remediation: v e ☐ Soil V					Loop Horizon				
4. ☐ Indust		xtraction		b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):									
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):													
Water well disinfected? ■ Yes □ No													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter 5 in. to 22 ft., Diameter in. to ft. Casing height above land surface 18 in. Weight 2.8 lbs/ft. Wall thickness or gauge No265													
Casing height above land surface													
☐ 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-	PERFORAT	TED INTERVA	ALS: From	n .22 ft. to :					ft., From	ft. to	ft.		
	GRAVEL PA	CK INTERV	ALS: From	n 20 ft. to .	42	ft., From .	ft.	to	ft., From	ft. to	ft.		
9 GROU	T MATERI	AL: Neat o	ement [Cement grout ft., From	■ Bei	ntonite 🔲 C	Other	• • • • • • • • •					
Grout Inter	vals: From .	ft. to	.20	ft., From	1	ft. to	ft., From	1	ft. to	ft.			
□ Septio		ole contaminati □ □	on: Lateral Line	es 🔲 Pit P	rivv	П	Livestock P	ens	☐ Insect	icide Storage	•		
■ Sewer	Lines		Cess Pool	☐ Sewa		goon 🔲	Fuel Storage	e		loned Water			
	tight Sewer L	ines 🔲 S	Seepage Pit		•		Fertilizer St	torage	☐ Oil W	ell/Gas Well			
Direction for	(Specify)	ORTHWEST		Distance fr	rom we	800			•	}			
10 FROM			ITHOLO		om we	FROM	TO		O. LOG (cont.)		G INTERVALS		
0	5	TOPSOIL											
5	16	SILTY BROV											
16	19	FINE SAND											
19	28	LIMESTONE	& GRAY	SHALE									
28	29 42	CAVERN GRAY SHAL	_										
	-74	OINAT SHAL				Notes:		1					
						<u> </u>					<u> </u>		
11 CONT	RACTOR'	S OR LANDO	OWNER'	S CERTIFICA	TION	This wate	r well was	con	structed, rec	onstructed,	or plugged		
under my Kansas W	jurisdiction a ater Well Co	and was compl ontractor's Lice	ense No	no-day-year) <i>31</i> 518 Th	yı.4U4 is Wa	ter Well Rec	inis record	is true mnlete	e to the best of r	ny knowled vear) 3/15/	ge and belief.		
under my jurisdiction and was completed on (mo-day-year) 3/6/2024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5.18													
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.													
1		St., Suite 420, Top ks.gov/waterwell/i		66612-1367. Mail		Water Well Owi KSA 82a-12		one for y	your records. Telep		-5524. l 7/10/2015		
Tion as at Hi	FILL AT WIT, AUDIC	Lo. EUV WATEL WELL	HILLING VANDOR			12011 04a-14	14			1/C \ 126(. 1110/2013		