WAIER V		_	WWC-5			sion of Water	50,046	Well ID	M. WELL			
		ATER WELL:	e in Well Use Fraction	1		irces App. No ion Number	Township Numb		Number			
	Sumner	ALEK WELL:	NE 1/4 SW 1/4 NW 1/2	/ NE 1/	Secu	2	T 33 S		E I W			
2 WELL O		First: Kevin		r Duro								
Business:	ast Name. VVIIILE		treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here:									
Address:			,									
	1 .C. DOX 000						rom Oxford-4 South 1/2 West SSR					
	Oxford	State: Ks	ZIP: 67119									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:					ft.	5 Latitud	le: 37.2147	3(der	cimal degrees)			
SECTION			Depth(s) Groundwater Encountered: 1)				Longitude: 097.17512 (decimal degrees)					
SECTION	DOA.		2) ft., or 4) \( \sum_{10} \) Dry We			ell Horizontal Datum: WGS 84 NAD 83 NAD 27						
l ————————————————————————————————————		WELL'S STATIC WATER LEVEL:26 ft.				Source for Latitude/Longitude:						
	•		below land surface, measured on (mo-day-yr)			GIO (ante mate) motor						
NW	- NE				•••••		(WAAS enabled?					
w	- $+$ $ +$ $ +$ $ +$ $            -$	Pump test data: Well water was				☐ Land Survey ■ Topographic Map ☐ Online Mapper:						
"	• •	Well water was ft.			C) Offittle Mapper.							
SW	SE	after hours pumping gpm			( T) 1129 . T . 1770							
		Estimated Yield:gpm			6 Elevation: 1138							
S	1- 1	Bore Hole Diameter: in. to ft. a in. to ft.				Source: ☐ Land Survey ■ GPS ☐ Topographic Map ☐ Other						
1 mil			in. to	ft.		<u> </u>	Onler					
7 WELL WATER TO BE USED AS: 1. Domestic: 5. \( Public Water Supply: well ID												
Househo	.ld		5. ☐ Public Water Supply: well ID									
☐ Lawn &												
Livestoc			7. ☐ Aquifer Recharge: well ID									
2. Irrigation	n		9. Environmental Remediation: well ID									
3. Feedlot			☐ Air Sparge ☐ Soil Vapor Extrac			b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. Industrial Recovery Injection 13.							er (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												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing neight above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:  ☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)												
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												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other												
Grout Intervals: From												
Nearest source of possible contamination:												
☐ Septic Ta		☐ Lateral Line ☐ Cess Pool	s ☐ Pit Privy ☐ Sewage La			Livestock Pens Tuel Storage		ide Storage ned Water We	.11			
☐ Watertigl			☐ Sewage La	agoon		ertilizer Stora			ш			
Other (Specify) none.												
Direction from well? Distance from well?							ft.					
10 FROM	TO	LITHOLOG	GIC LOG	FRO		TO L	ITHO. LOG (cont.) or	PLUGGING I	NTERVALS			
0 3		Top soil										
		Brown clay										
		Small fine sand										
		Small sand w/green cl	lay pcs 90/20									
		Small fine sand										
		Green shale										
		Gray shale		Notes	::							
47 51 Green gray shale												
11 CONTRACTORIS OR LANDOWNER OF CERTIFICATION TO THE STATE OF THE STAT												
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) 3-21-2019, and this record is true to the best of my knowledge and belief												
under my jurisdiction and was completed on (mo-day-year) .3-2.1-20.19 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year) .4-2-20.19												
under the business name of Rosencrantz-Bemis Ent. Signature Lines Dadann												
Mail 1 v	white copy alo	ong with a fee of \$5.00 for each	h constructed well to: Ka	nsas Depart	ment o	of Health and Er	vironment, Bureau of Wa	iter, GWTS Sect	tion,			
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.												
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												