		WELL R				Division of Water Resources App. No. Well ID				Wall ID	49,266		
		Record _	ATER WEI		Fraction			n Number	Township Numbe		ige Number		
1 1	County	Ottawa	AIEK WEI	ıL;	4 SW4 NE4		ection	29	T 10 S		□ E ■ W		
			ast Name: Bel	rendt		Street or Rural Address where well is located (if unknown, distance and							
		Family Tr		ii eriat	Pirst: Nobel t	direction from nearest town or intersection): If at owner's address, check here:							
	Address:	1 Carring 11	_			2 past Minneapolis, Ks. on hwy 81 to Mullberry Rd. 1/4W NSR							
1	Address:	704 N. Ro	thsay A√ €		i	2 past Mir	nnear	polis, Ks.	on nwy 81 to Mulib	эту ка.	1/4W NSR		
	City: Minneapolis State: Ks. ZIP: 67467												
	3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:170 ft. 5 Latitude:									7	(decimal degrees)		
		x" IN N BOX:		s) Groundwater Encountered: 1)									
`	NECTIO				3) ft., or 4) [tal Datum: WGS 84	NAD	83 🗆 NAD 27		
_			WELL'S STATIC WATER LEVEL:30										
	'			□ above land surface, measured on (mo-day-yr)									
-	- NW	NE	Pump test d		(WAAS enabled? ☐ Yes ■ No) ☐ Land Survey ■ Topographic Map				10)				
w -	-	E	after		Online Mapper:								
		, I	1	t.	—								
-	- sw	SE	after	gpm	m 6 Elevation:ft. ☐ Ground Level ☐ TOC								
L			Estimated Yield:gpm			0 1							
	-	S vilal	Bore Hole I	Bore Hole Diameter:28 in. to170						opogrupine iviup			
,	7 WELL WATER TO BE USED AS:												
1	7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
1] Housel			6. Dewatering: how many wells?					ole: well ID				
	_	& Garden		7. Aquifer Recharge: well ID					ed 🗌 Uncased 🔲 G				
	Livesto			8. Monitoring: well ID					rmal: how many bores?				
	— 8				al Remediation: well ID			a) Closed Loop Horizontal Vertical					
	Feedlot Air Sparg							b) Open Loop Surface Discharge Inj. of Water					
	Industrial Recovery Injection 13. Other (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													
Casi	Casing diameter 16 in. to 90 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 24 in. Weight SCH40 lbs/ft. Wall thickness or gauge No 500												
TY	TYPE OF SCREEN OR PERFORATION MATERIAL:												
	☐ 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) .130-170'160#												
L	_ Louve	red Shutter	L Key Punc	hed W	vire Wrapped ∐ Sa QO	w Cut _	None	e (Open Ho	170 A E	A 40	Δ.		
SCREEN-PERFORATED INTERVALS: From .90 ft. to .130 ft., From .130 ft. to .170 ft., From ft. to ft. GRAVEL PACK INTERVALS: From 170 ft. to 20 ft., From ft. to ft. ft ft.													
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other													
Nearest source of possible contamination:													
] Septic			Lateral Line			_	estock Pen					
] Sewer l		_	Cess Pool	☐ Sewage La	goon		el Storage	☐ Abando				
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well ■ Other (Specify) n/a													
Direction from well? Distance from well? ft.													
	FROM	TO		LITHOLO		FROM			ITHO. LOG (cont.) or	PLUGGIN	GINTERVALS		
0			Top soil			61	62		ard limestone rock				
3			Brown clay			62	17		andstone w/small in				
5			Reddish, tar	n clay			\Box						
8			Yellow clay										
14			Gray clay										
16			Yellow-gray										
18	33 Yellow-red clay					Notes:	Notes:						
33													
36 61 Gray shale, sandy													
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) .12 1 /2016 and this record is true to the best of my knowledge and belief.													
Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo-day-year) 12/20/2016													
under the business name of Rosencrantz-Bemis Ent. Signature													
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,													
			,		66612-1367. Mail one to				e for your records. Telepho				
Visi	t us at http	://www.kdhek	s gov/waterwell/	index.html		KSA 82a-	1212			Revised	17/10/2015		