		RECORD		WWC-5			ision of Wat				
		Correction	~	ge in Well Use			ources App. 1		Well ID	>T . 1	
	CATION OF WATER WELL: bunty: Ellsworth			Fraction <sup>1</sup> / <sub>4</sub> NE <sup>1</sup> / <sub>4</sub>	ction Section			Number   Township Number   Range Number   T 16 S   R 10 □ E ■ W			
		Last Name: Sch	nmidt	First: Ted		Rural Address where well is located (if unknown, distance and					
Business:	Business: direction from nearest town or intersection): If at owner's address, check here										
	Address: 1436 5th Road Address: 6 North, 3/4 East of Holyrood										
	City: Lorraine State: KS ZIP: 67459							,			
3 LOCATI				-	err.	240 4	F T -4:4			(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
WITH "				MPLETED WI			1	5 Latitude:			
SECTIO		Depth(s) Groundwater Encountered: 1)						contal Datum: WGS			
	WELL'S STATIC WATER LEVEL: 98 ft.							e for Latitude/Longitu		05 = 1/110 27	
X	below land surface, measured on (mo-day-yr)8-22-1										
NW	above land surface, measured on (mo-day-yr)							(WAAS enabled?		No)	
	Pump test data: Well water was							☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
W	E	arter	Well water was ft.					Comme Mapper			
SW	SE	after hours pumping gpm						-4:	Α Π С	di and Droc	
	Estimated Yield:gpm							d Level TOC			
	S Bore Hole Diameter:10 in. to240 ft. and							Source:			
1 mile  in. to ft. Uother											
1. Domestic:											
☐ Househ	sehold 6. Dewatering: how many wells?						<ol><li>Test</li></ol>	11. Test Hole: well ID			
=	Lawn & Garden 7. Aquifer Recharge: well ID						☐ Cased ☐ Uncased ☐ Geotechnical				
Livesto								12. Geothermal: how many bores?			
2. ☐ Irrigation 3. ☐ Feedlor	☐ Irrigation 9. Environmental Remediation: well ID							a) Closed Loop ☐ Horizontal ☐ Vertical 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											
9 TVDE OF CASING USED: ☐ Steel ■ DVC ☐ Other CASING IOINTS: ■ Glued ☐ Clamped ☐ Welded ☐ Threaded											
Casing diameter 5 in to 240 ft., Diameter in to ft.  Casing height above land surface 18 in Weight SDR-24 lbs./ft. Wall thickness or gauge No.											
Casing height above land surface 18 in. Weight 5UK-Z4 lbs./ft. Wall thickness or gauge No											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ 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 .220 ft. to .180 ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
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) House											
10 FROM	TO			GIC LOG	HOIII W	FROM	ТО	LITHO. LOG (cont.	or PLUGGIN	IG INTERVALS	
0	3	Top soil				70	175	Gray shale			
3	5	Gray shale				175	225	Sandstone			
5 9	9	Limestone r	imestone rock			225	240	Gray shale w/ limestone streaks			
	28	Gray shale									
28	32		Coal shale (black)						Martin		
32	50		ight gray shale				1	<u> </u>			
50 55	55		Black coal & shale Notes:								
61 70 Sandstone streaks w/ gray shale 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) .8-22-16 and this record is true to the best of my knowledge and belief.											
Kansas Wa	iter Well C	ontractor's Lic	ense No.	134 T	his Wa	ater Well Re	cord was co	impleted on (mo-day	y-year) .9:.14	-1.6	
under the b	usiness nai	ne of Rosen	crantzB	emsi Ent.lnc.	1 to 17 -	S	ignature	Soma alab	FWater CAUTE	Castion	
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.											
•		ks.gov/waterwell/				KSA 82a-1				d 7/10/2015	