ZATE	D WE	LL RECORD	Form W	WC-5	D	livicion of Water	r Resources App. No	20140445	
		OF WATER WELL:	Fraction	W C-3		ion Number	Township No.	Range Number	
	nty: Rice		1/4 NW 1/4 NV	V 1/4 NE 1/4	- 1	27	T 18 S	R 10 □E ☑W	
		Address of Well Location;					System (GPS) ir		
	from nearest town or intersection: If at owner's address, check here					Latitude: (in decimal degrees)			
	3 South, 1/2 West of Bushton					Longitude: (in decimal degrees)			
5 South, 1/2 West of Bushtoff						Elevation:			
NATER WELLOWNER						Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27			
WATER WELL OWNER: Mike Kelso Oil RR#, Street Address, Box #: Box 467						Collection Method:  GPS unit (Make/Model:)			
	,	ID C. I							
City	y, State, Z	ZIP Code : Chase.	KS 67524					c Map, ☐ Land Survey   5-15 m, ☐ >15 m	
3 LOC	CATE WE	LL			1231. /	recuracy.	5 m, 5-5 m,	5-15 m, > 15 m	
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 140 ft.									
SEC	SECTION BOX: Depth(s) Groundwater Encountered (1)								
N WELL'S STATIC WATER LEVEL33ft. below land surface measured on mo/day/yr5-22-14								ay/yr5-22-14	
	Pump test data: Well water wasft. afterhours pumpinggpn								
N	EST. YIELD. N/Agpm. Well water was								
W	W         E   Bore Hole Diameter 1.0								
SW SE Domestic   Feedlot   Oil field water supply   Dewatering   Other (Specify below)									
	☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well								
	Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No								
S If yes, mo/day/yr sample was submitted									
,									
5 TYPE OF CASING USED: Steel PVC Other									
CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter .5									
Casing height above land surface. 18 in., Weight SDR-26 lbs./ft., Wall thickness or gauge No.									
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel PVC Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ 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.         140.         ft. to									
	CD 41	TI DACK DITEDUAL C	From	ft. to		ft., From	tt.	to tt.	
	GRAV	EL PACK INTERVALS:	From!79	π. τοΑ.ν		ft., From	π.	to ft.	
6 CDC	IIT MA	TERIAL: Neat ceme	nt	t. 10	nita [	II., From	π.	to ft.	
	ntervals:	From ft. to	ft From	n 20	ft to	Ouilei	From	ft to ft	
				11 . 7. 7	11. 10	·················· 11.,	riom	11. 1011.	
What is the nearest source of possible contamination:  Septic tank Lateral lines Pit privy Livestock pens Insectici-						☐ Insecticide	storage 🗹 Oth	ner (specify below)	
Sewer lines Cesspool Sewage lagoon Fu						Abandoned	water well		
		ht sewer lines	oit 🗌 Feedyard	Fertilizer		Oil well/ga		• • • • • • • • • • • • • • • • • • • •	
	,	n well Northeast							
FROM		LITHOLOG	IC LOG	FROM	TO	LITHO. LO	OG (cont.) <u>or</u> PLU	JGGING INTERVALS	
)	4	Top soil							
1	73	Tan clay							
73	140	Sandstone		1					
						-			
						<b>_</b>			
- CC:	TED 4 CT	ODIC OD I AND OTHER	MC OPPRING . TO	NI cel:	11				
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) .6-2-14									
under the business name of Rosencrantz- Bemis Ent Inc. by (signature)									
INSTRUCTIONS: Use ty pewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies									
(white, b	lue, pink) t	o Kansas Depar tment of Health	and E nvironment, Bureau	of Water, Geo	logy Secti	ion, 1000 SW Ja	ckson St., Suite 420,	Topeka, Kansas 666 12-1367.	
Telephor	ne 785-296	-5524. Send one copy to WAT	ER WELL OWNER and	retain one for	your reco	ords. I nelude <u>fee</u>	of \$5.00 for each co	onstructed well. Vi sit us at	
http://www.kdheks.gov/waterwell/index.html.									
CSA 82a-1212 Check:   ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy									