				WWC-5			vision of Wa						
Origin	al Record L	Correction	∐ Chang				ources App.			Well ID			
1 LOCATION OF WATER WELL: Fraction County: Rice					ction Numb 6	er	Township Numb T 19 S		nge Number				
··							NW ¼ 6 T 19 S R 7 □ E ■ W  Street or Rural Address where well is located (if unknown, distance and						
Business:						direction from nearest town or intersection): If at owner's address, check here:							
Address: 513 W Noble							5 1/2 South, 1/2 East of Geneseo						
š	City: Lvons State: KS ZIP: 67554							oi G	eneseo				
3 LOCATE WELL									20.4005				
	WITH "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)												
SECTION BOX: Depth(s) Groundwater Encountered: 1)					π. Thry Well	Dry Well							
	11	WELL'S ST	VELL'S STATIC WATER LEVEL:35						Latitude/Longitude		83 🗀 NAD 27		
		below l	below land surface, measured on (mo-day-yr				8-30-19 GPS (unit make/model:)						
K-NW-	NE	☐ above l	above land surface, measured on (mo-day-yr Pump test data: Well water was ft.				-	(	WAAS enabled?				
w -	<del>                                     </del>	after	after hours pumpinggr										
	1 ' 1		Well water was ft.							•••••			
SW-	SE	after	after hours pumping gr				0 ( 5)						
<u> </u>	S	Estimated Yield:gpm Bore Hole Diameter:10 in. to 110					6 Elevation:ft. ☐ Ground La t. and Source: ☐ Land Survey ■ GPS ☐ Topo						
1	mile	Bote Hole L	I .								Topograpnic Map		
7 WELL WATER TO BE USED AS:													
1. Domestic	<b>c:</b>		5. Public Water Supply: well ID				10.  Oil Field Water Supply:						
House		6. ☐ Dewatering: how many wells?					11. Test Hole: well ID						
1	& Garden	7.	7. Aquifer Recharge: well ID				Cased Uncased Geotechnical						
Livestock 8. ☐ Monitoring: well ID 2. ☐ Irrigation 9. Environmental Remedia					II IF	 \			w many bores?				
3.  Feedle	ot	<i>7. E.</i>	Air Sparge	e	l Vapor E	Extraction			Loop   Horizont  Loop   Surface Di				
4. 🗌 Indus	trial		Recovery	☐ Inje			13. 🗍 🤆	Other (	(specify):		, mg. or water		
Was a chemical/bacteriological sample submitted to KDHE? Tyes No. If yes, date sample was submitted.													
Water well disinfected? ■ Yes □ No													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter													
TYPE OF SCREEN OR PERFORATION MATERIAL:  Weight													
☐ 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													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.													
Grout Intervals: From													
Septic			on: Lateral Line	[7] D:4	D	_			···				
Sewer			Cess Pool		rnvy wage Lag		Livestock P Fuel Storage			ide Storage oned Water			
	tight Sewer Li	nes 🔲 S	Seepage Pit	l I Fee	edvard		Fertilizer St		Abando	ned water II/Gas Well	weii		
Other (Specify)  Direction from well? West Distance from well? 500ft  10 FROM TO													
10 FROM	om well?	, , <u>e</u> e e e e e e e e e e e e e e e e e e	ITHOLOG	Distance	from we	11? 500ft	<b>TP</b> 0		ft.				
0	3	Top soil	ATHOLUC	IIC EUG		FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS		
3		Silty, brown o	clav					<del>                                     </del>					
41		Broken rock						-					
44	57	White clay w	/ broken r	ock									
57		Fire clay											
73		Sandstone											
77	87						Notes:						
87 95 Hard sandstone													
95 110 Gray shale w/ sandstone streaks													
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, are constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 8-30-19 and this record is true to the best of my knowledge and the record in true to the best of my knowledge and the record in true to the best of my knowledge and the record in true to the best of my knowledge and the record in true to the best of my knowledge and the record in true to the best of my knowledge.													
under my jurisdiction and was completed on (mo-day-year) 8-30-19 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) 10-3-19 under the business name of Rosencrantz-Bemis Ent Inc Signature C.													
unaci me t	rusiliuss lialli	C OI 132461	IVI BULLET, L	2011110 E. I. II I I I I		N I	onanire (	- N	Tan filling				
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.													
Visit us at mu	<u>przw</u> wykahek	s.gov/waterwell/ii	ok <b>a, Kansas (</b> ndex.htmi	00014-130/. Mai	ii one to V	Vater Well Own KSA 82a-12	ier and retain o	one for	your records. Telepho		5524. <b>7/10/2015</b>		
						14	-=			17C A 19CO	1/10/4013		