		LL RECORD	Form W	WC-5	D	ivision of Water	r Resources App. No).		
1 LOCATION OF WATER WELL: County: Pawnee		Fraction		Sect	ion Number	Township No.		Number		
			1/4 SW 1/4 NE	Ξ ½ NW ½		7	T 20 S	R 18	□E Z W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here										
							Latitude: (in decimal degrees) Longitude: (in decimal degrees)			
1 1/2 North, 7 1/2 West of Asir Valley						Elevation:				
$\frac{1}{2}$ W	TER W	FLI OWNED: 50 1		 	— <u>Datu</u>	<u>m</u> : 🔲 WGS 84	4, 🔲 NAD 83, 🔲	NAD 27		
2 WATER WELL OWNER: Richard Josefiak RR#, Street Address, Box #: 1345 280th Avenue					Colle	Collection Method:				
City, State, ZIP Code : Rozel, KS 67574			months of the state of the stat			☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey				
	·		10.07.07.4		Est.	Accuracy: <	3 m, 3-5 m,	5-15 m,	□ >15 m	
	CATE WI	ELL A DEPTH OF A	COMPLETED WEI	295		£.		· man for entire and		
	WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL 295 Depth(s) Groundwater Encountered (1)									
	WELL'S STATIC WATER LEVEL. 150 ft. below land surface measured on mo/day/yr. 12-18-13									
Pump test data: Well water wasft. after hours pumping								gnm		
	w. 1	TE EST. YIELD, N.	Agpm. Well water	ell water was the after hours numping grm						
W E Bore Hole Diameter 10 in. to 295 ft., and in. to ft.										
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☑ Other (Specify below)										
swse								ecity below)		
Was a chemical/bacteriological sample submitted to Department? Yes No										
S If yes, mo/day/yr sample was submitted										
1 mile Water well disinfected? ☑ Yes □ No										
5 TYPE OF CASING USED: Steel PVC Other										
CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter .5										
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 wranged Saw cut Other (specify)										
SCREEN-PERFORATED INTERVALS: From										
From ft to ft From ft to										
GRAVEL PACK INTERVALS: From 295 ft. to 20 ft., From ft. to ft. From ft. to ft. ft. to ft.										
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other Grout Intervals: From										
what is	the near	est source of possible conta	mination:							
	☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well									
Watertight sewer lines Seepage pit Feedyard Fertilizer storage Goldwell/gas well None									**************************************	
Dire		n well								
FROM 0	TO 4	LITHOLOG	IC LOG	FROM	TO	the state of the s	OG (cont.) or PLU	GGING :	NTERVALS	
4	25	Top soil Tan clay	y y y y y y y y y y y y y y y y y y y	220 248	248 295	Fire clay	one/ light gray sl		to the same time time to the same time time to the same time time time time time time time ti	
25	38	Clay & streaks of limest	one	240	290	Suit saliust	one/ light gray si	naie		
38	174	Dark gray shale/ streak		 	· . · · · · · · · · · · · · · · · · · ·					
		hard brittle shale							<u></u>	
174	205	Light gray shale/ streak	s of							
005	044	sandstone & coal								
205 211	211	Fire clay	F					· · · · · · · · · · · · · · · · · · ·		
211	220	Light gray shale/ streak sandstone & coal	S OI							
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) .12-30-13 and this record is true to the best of my knowledge and ballof										
Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (molder/week) 1-10-1/4										
under the business name of Rosencrantz-Bemis Ent Inc. INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies										
(white, b	lue, pink) t	o Kansas Depar tment of Health	nd Environment Bureau	of Water Geol	early. Ple	ase fill in blanks a	and check the correct	answers.	Send three copies	
Leichion	C 105-250	3324. Scird offe copy to WAII	ER WELL OWNER and r	etain one for	your recor	ds. Include fee	of \$5.00 for each con	structed v	vell. Vi sit us at	
mp. www.kunces.gov/watciwon/index.num.										
KSA 82a-1212 Check: X White Copy, Blue Copy, Pink Copy										