	WELL R		WWC-5		sion of Water				
Origina	Record [Correction	ge in Well Use	Reso	urces App. No.		Well ID		
1 LOCAT	TON OF W	ATER WELL:	Fraction				er Range Number		
	: Stafford		1/4 NE 1/4 SE 1/4	4 NE 1/4 25 T 21 S R 12 □ E ■ W					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and									
	Davidson			direction from nearest town or intersection): If at owner's address, check here:					
Address:	Baviacon	Oditio							
Address: 268 NE 140th Street 6 1/4 North, 4 East of Hudson									
City:	St. John	State: KS	ZIP: 67576						
3 LOCAT		A PERMIT OF CO		90 0		38 108	5		
WITH "		i e	MPLETED WELL: .		5 Latitud	e:	5(decimal degrees		
	N BOX:		Encountered: 1)		Longitude: 98.5829 (decimal degrees)				
1			3) ft., or 4)				4 🔳 NAD 83 🔲 NAD 2		
[WELL'S STATIC W.	WELL'S STATIC WATER LEVEL:19			or Latitude/Longitude			
	1 1	below land surface, measured on (mo-day-yr)1-13-20.			GPS (unit make/model:)				
NW	NE - X	above land surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)				
		Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map			
W	Е		after hours pumping gpm			Online Mapper:			
SW	SE		Well water was ft.						
	1	after hours pumping gpm			6 Elevation	n. H	☐ Ground Level ☐ TO		
L		Estimated Yield:	0 1	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map					
t .	S	Bore Hole Diameter:	10 in to 80	tt. and	Other				
	nile		in. to	π.					
7 WELL WATER TO BE USED AS:									
1. Domestic	:	5. 🗌 Public V	Vater Supply: well ID				ease		
☐ House		6. 🔲 Dewater	ing: how many wells?						
	& Garden		Recharge: well ID						
Liveste			ing: well ID						
	☐ Irrigation 9. Environmental Remediation: well ID					a) Closed Loop			
3. Teedlo		☐ Air Spar		Extraction					
4. 🔲 Indust	rial	☐ Recover	y Injection		13. ☐ Othe	r (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									
6 THE OF CASHY USED. Steel Bryc College in to A Diameter in to A									
Casing diameter									
Casing neight above land surface									
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)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From 80 ft. to 20 ft., From ft. to ft., From ft., From ft., From ft.									
9 GROUT MATERIAL: Neat cement Cement Bentonite Other.									
Grout Intervals: From									
		le contamination:							
☐ Septic	Tank	☐ Lateral Li	nes 🔲 Pit Privy		Livestock Pens	☐ Insecti	icide Storage		
☐ Sewer		☐ Cess Pool		agoon 🔲	Fuel Storage		loned Water Well		
☐ Watert	ight Sewer Li	ines Seepage F	it		Fertilizer Stora	ge 🔲 Oil W	ell/Gas Well		
Other	(Specify)	None							
Direction from well?									
10 FROM	TO	LITHOL	OGIC LOG	FROM	TO L	ITHO. LOG (cont.) o	or PLUGGING INTERVAL		
0	3	Sandy top soil							
3	50	Gray clay w/ soft sa	ndv clav						
50	80	Sand & gravel- sma					***		
	"	-and a graver office					2 Marine and		
				_					
<u></u>				N					
	ļ			Notes:					
				_					
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)1-13-20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year)1-20-20									
Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year)1-20-20 Under the business name ofRosencrantz- Bemis Ent Inc									
under the l	ousiness nam	ne ofKosencrantz	Remis Fut Inc	Si	gnature	our Liles	~~		
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.									
						tor your records. Telep			
Visit us at http://www.kdhcks.gov/vaterwell/index.html KSA 82a-1212 Revised 7/10/2015									