		RECORD Form WV			vision of Wate				
Original Record Correction Change in Well Use  1 LOCATION OF WATER WELL: Fraction					Resources App. No. Wel Section Number Township Number				
County: Stafford % NE ¼ NW ¼					ection Number   Township Number   Range Number   21 S   R 13 □ E ■ W				
2 WELL OWNER: Last Name: Munz First: Alvin 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: 1732 NW 10th Avenue Address: 2 North, 1 1/2 East of Seward									
City: St. John State: KS ZIP: 67576									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:									
Doubles Constitute D					.73 ft. 5 Latitude: 38.2090(decimal degrees) Longitude: 98.7627(decimal degrees)				
2) ft. 3) ft., or 4)					Dry Well Horizontal Datum: TWGS 84 NAD 83 NAD 27				
WELL'S STATIC WATER LEVEL: 12					ft. Source for Latitude/Longitude:				
1 1	below land surface, measured on (mo-day-yr								
NW-	NW NE   above land surface, measured on (mo-day-yr).  Pump test data: Well water was					(WAAS enabled? □	Yes □ N	0)	
w w						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
1 1 "	Well water was ft.								
	1	after hours pur	after hours pumpinggpm Estimated Yield:gpm			6 Elevation:ft. Ground Level TOC			
	S	Bore Hole Diameter:10	ft and	and Source: Land Survey GPS Topographic Map					
1	-	Boto Fiole Blamotor	200.00	Other		pograpine iviap			
7 WELL WATER TO BE USED AS:									
1. Domestic		5. Public Water S		10. ☐ Oil Field Water Supply: lease					
	Household 6. ☐ Dewatering: how many wells?  Lawn & Garden 7. ☐ Aquifer Recharge: well ID				11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID  ■ Livestock 8. ☐ Monitoring: well ID								
2. Irrigat	☐ Irrigation 9. Environmental Remediation: well ID					osed Loop			
	3. Feedlot Air Sparge Soil Vapor Ex								
4. Industrial Recovery Injection 13. Other (specify):									
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 diameter 5 in to 73 th Diameter 5. Casing diameter 6. Casing di									
Casing diameter 5 in to 73 ft., Diameter in to ft., Diameter in to ft.  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 ☐ Fiberglass ■ PVC ☐ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:  Continuous Slot    Gauze Wrapped    Torch Cut    Drilled Holes    Other (Specific)									
Louvered Shutter    Key Punched    Wire Wrapped    Saw Cut     None (Open Help)									
SCREEN-PERFORATED INTERVALS: From 73 ft to 53 ft From ft to 6 From 6 to 6									
GRAVEL FACK INTERVALS: From									
Neat cement   Cement prout   Rentonite   Other									
Grout intervals. Figure 11, 10									
Sentic Took									
Sewer Lines									
Watertight Sewer Lines									
Other (Specify) None									
Direction from well?									
0	3	Sandy top soil	LUG	FROM	TO	LITHO. LOG (cont.) or	PLUGGING	INTERVALS	
3	30	Soft sandy clay		<del>                                     </del>			<del> </del>		
30	37	Fine sand				RECEIVED			
37	58	an clay					NECE	IVED	
58	72	and & gravel- small med clean coarse					DEC O O	0010	
72	73	Cemented sand					DEC 2 3	<del>-2019</del>	
				Notes:	···	-	IDEALLS		
BUREAU OF WATER									
11 CONTRACTOR'S OR LANDOWNED'S CERTIFICATION. The									
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)11-14-19 and this record is true to the best of my knowledge and belief.									
National Water Well Contractor's License No. 124 This Water Well Record was completed on (mo day year) 12-3-10									
under the business name of Rosencrantz-Bemis Ent Inc. Signature Signature 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,									
· · · · · · · · · · · · · · · · · · ·	· winte copy a	ong with a fee of \$5.00 for each con	structed well to: Kans	as Department	of Health and F	nvironment Bureau of Wa	Mer GWTS S	ection	
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 http://www.kuheks.gov/waterwell/index.ntmi  KSA 82a-1212  Revised 7/10/2015									
	Visit us at map www.kdheks.gow/waterwell/index.ntmi KSA 82a-1212 Revised 7/10/2015								