WATER WE	LL RECORD	Form W	WC-5	D	ivision of Wate	r Resources App. N	о.
1 LOCATION County: Pa	N OF WATER WELL: wnee	Fraction ¹ / ₄ NW ¹ / ₄ NE	E 1/4 SW 1/		on Number 15	Township No. T 21 S	Range Number R 15 □E ☑W
from nearest	Address of Well Location; town or intersection: If at n, 3 /4 East of Pawnee Ro	owner's address, chec		Global Positioning System (GPS) information: Latitude:			
	7ID C 1	chartz : 40th Avenue end, KS 67530			Datum: WGS 84, NAD 83, NAD 2/ Collection Method: GPS unit (Make/Model:) Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m		
3 LOCATE W WITH AN "S SECTION B N -NW W X -SW S	A" IN OX: Depth(s) Ground WELL'S STAT Pump EST. YIELD. N Bore Hole Diam WELL WATER Domestic Irrigation Was a chemical	test data: Well wat /Agpm. Well wate eter 10in. to TO BE USED AS: [Feedlot	(1)f 22 fer was 80 Public wa Oil field wa Domestic-la e submitted t	ft., and ter supp wn & ga		measured on mo/o hours pum to othermal watering onitoring well S	(3) ft. lay/yr. 12-19-14 ping gpm
CASING JOIN Casing diame Casing heigh TYPE OF SCR Steel Brass SCREEN OR I Continu Louvere SCREEN-PER	Water well dising ASING USED: Stee Stee Stee Stee Stee Steel Stainless Steel S	fected? Yes PVC nped Welded in, Weigh MATERIAL: PVC None used (open S ARE: Gauze wrapped Wire wrapped From 80 PVC The state of the state	No Other	d tolbs./:] Other (ft., D ft., Wall thic Specify) illed holes her (specify) ft., From ft., From	iameter	e) ft. to ft.
What is the nea Septic t Sewer I Waterti		mination: les Pit privy Sewage lagoon it Feedyard	Livestock Fuel stora Fertilizer	pens ge storage	☐ Insecticide ☐ Abandoned ☐ Oil well/ga	storage Oth	ft. toft. ner (specify below)
FROM TO	LITHOLOG	IC LOG	FROM	TO			JGGING INTERVALS
0 12	Fine sand					· · · · · · · · · · · · · · · · · · ·	
12 46	Sand & gravel- fine to s	small					
46 66	Tan & gray clay						A
66 76 76 80	Sand & gravel- med, lo Tan clay	ose					
under my jurisd Kansas Water V under the busin INSTRUCTIONS	OR'S OR LANDOWNER iction and was completed o Vell Contractor's License N ess name ofRosencrant Use ty pewriter or ball point pen to Kansas Depar timent of Health	n (mo/day/year) .12-7 o134 This z- Bemis Ent Inc PLEASE PRESS FIRML	19-14 a Water Well I 	nd this r Record v by (searly, Ple	record is true to vas completed signature).	on (mo/day/year)	knowledge and belief. 12-22-14 t answers. Send three copies
Telephone 785-296	-5524. Sen d one copy to W AT gov/waterwell/index.html.	ER WELL OWNER and	retain one for	your reco	rds. Include <u>fee</u>	of \$5.00 for each conite Copy, Bl	onstructed well. Vi sit us at
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