		RECORD		WWC-5		ision of Water	19,168			
Original Record Correction Ch			L Chang			ources App. No		Well ID		
1 LOCATION OF WATER WELL: Fraction County: Pawnee					Section Number Township Number Range Number T 23 S R 16 D E W					
		act Name: Gr	eene	First: Mark/ Gina	Street or Rural Address where well is located (if unknown, distance and					
2 WELL OWNER: Last Name: Greene Business:  First: Mark/ Gina   Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
Address: 137 170th Avenue									энсок него.	
3 LOCAT		1		ZIP: 67529					**************************************	
WITH "				MPLETED WELL:		(accimal acgrees)				
F .	SECTION BOX:         Depth(s) Groundwater Encountered: 1)					Dry Well Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27				
I	N 2)								83 ⊔ NAD 27	
			below land surface, measured on (mo-day-yr)3							
NW	NE	☐ above	above land surface, measured on (mo-day-yr)				(WAAS enabled?			
w		Pump test of	Pump test data: Well water was58 ft. after2 hours pumping 1000 gpm				☐ Land Survey ☐ Topographic Map			
	Е	anci	Well water was ft.			Onl	Online Mapper:			
<b>%</b> V	SE	after	after hours pumping gp							
		Estimated Y	Estimated Yield:gpm			6 Elevation:ft. Ground Level TOC				
i	S mile !	Bore Hole	Bore Hole Diameter:30 in. to100			Source:				
mile  in. to										
1. Domestic				ater Supply: well ID		10 [7 001	Gield Water Sunnly: 1	2000		
☐ House	] Household 6. ☐ Dewatering: how many wells?					10. ☐ Oil Field Water Supply: lease				
ı —	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					☐ Case	☐ Cased ☐ Uncased ☐ Geotechnical			
· —	☐ Livestock 8. ☐ Monitoring: well ID						12. Geothermal: how many bores?			
3. Feedlo	2. ■ Irrigation 9. Environmental Remediation: well ID. 3. □ Feedlot □ Air Sparge □ Soil Vapor Ex						a) Closed Loop  Horizontal  Vertical			
4. 🔲 Indust			Recovery	☐ Injection	Extraction	13. ☐ Othe	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water  13. ☐ Other (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: CI Steel PDVC CI Other CASING IODITS: PCI of CI OTING IODITS:										
Casing diameter 16 in. to 100 ft., Diameter in. to ft., Diameter in. to ft.  Casing height above land surface 18 in. Weight Sch 40 lbs/ft. Wall thickness or gauge No										
Casing height above land surface 18 in. Weight Sch 40 lbs./ft. Wall thickness or gauge No.										
THE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
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										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other										
Nearest source of possible contamination:										
☐ Septic			Lateral Line	,		Livestock Pens	☐ Insection	cide Storage		
Sewer			Cess Pool	☐ Sewage La		Fuel Storage	☐ Abande	oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well  ☐ Other (Specify) None.										
Direction from well?										
10 FROM	10	1	LITHOLO	GIC LOG	FROM	TO L	ITHO. LOG (cont.) or	PLUGGIN	GINTERVALS	
0		Top soil							<u> </u>	
2		Tan clay								
16		Small grave		treaks						
45 73		Gravel- med					· · · · · · · · · · · · · · · · · · ·	····		
91		Tan clay w/					····			
98		Tan clay W/	caliche, s	mall gravel streaks		LL				
30	100	Tall Clay W/	cancne, b	roken rock streaks	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) 4-5-19										
under the business name of Rosencrantz- Bemis Ent Inc Signature										
anuci me o	usiness nam	בפענווזעסב	iliulalitzt	Dennis eni inc	N1	onature (TX	Man Light	1.1.		
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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										