		RECORD Form WV			Division of W		1116-36603				
		Correction Change in			esources App			Well ID			
	arion of nty: Reno		raction E¼ NW¼ NW½		Section Num 5	iber To	ownship Numb		ge Number		
							T 23 S	R 5	□E ■ W		
	2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance are direction from nearest town or intersection): If at owner's address, check here										
	Address:										
Address: 1701 E. 23rd Avenue											
City:	1.1919.11119.50.1										
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:49					5 Latitude:					
The second second	WITH A III					Longitude:097.89233(decimal degrees)					
SECTION BOX: N Depth(s) Groundwater Encountered: 1)						izontal Da	nm: \(\text{WGC 24}	L D MAD	decimal degrees)		
WELL'S STATIC WATER LEVEL:18 ft.						Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr). 6-18-2018					GPS (unit	make/model:	3armin 62	S \		
NW -	- NW NE above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ■ No)					
	Pump test data: Well water was ft.					☐ Land Survey ■ Topographic Map					
W		E afterhours pumpinggpm				☐ Online Mapper:					
sw-	SE	Well water was fi. BE after hours pumping gpm									
1 1	Estimated Yield:gpm					6 Elevation: 1533ft. ■ Ground Level □ TOC					
	S Bore Hole Diameter: in. to				Sour	rce: 🔲 Lar	nd Survey 📗 G	PS T To	pographic Map		
1	mile			Other							
7 WELL WATER TO BE USED AS:											
1. Domesti		5. Public Water S	upply: well ID		10. □ 0	Oil Field W	/ater Supply: les	ase			
☐ Hous	ehold	hold 6. Dewatering: how many wells?				11. Test Hole: well ID					
Lawr	■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					. Cased Uncased Geotechnical					
_	☐ Livestock 8. ☐ Monitoring: well ID					12. Geothermal: how many bores?					
	. 🔲 Irrigation 9. Environmental Remediation: well ID					a) Closed Loop					
	3. Feedlot					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):					
4. 🗌 Indus		☐ Recovery	☐ Injection								
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 M PVC ☐ Other											
Casing diameter											
Casing height 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)											
SCREEN-PERFORATED INTERVALS: From .29 ft. to .49 ft., From ft. ft ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.											
Grout Intervals: From 20 ft. to 0 ft., From ft. to ft., From ft. to ft.											
Nearest sou	rce of possi	ole contamination:			201, 2 1011			16.			
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage											
☐ Sewer		☐ Cess Pool	☐ Sewage Lage		Fuel Storage		☐ Abandon	ed Water W	ell		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
■ Other (Specify) old plugged well Direction from well? South Distance from well? 50											
10 FROM	TO	LITHOLOGIC L	OC PISTANCE ITOM WEL					LUGONIA	D. Carron V. C. C.		
			UU	FROM	ТО	LITHO. I	LOG (cont.) or P	LUGGING	INTERVALS		
3	3 12	Top soil Brown clay									
12	55										
14	ออ	Medium sand and gravel									
				NYAA							
	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) .618-20.18 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo-day-year)											
under the b	usiness nam	e of Kosengrantz-Bemis E	nr	Si	enatute/	Muce	a Dadas	en -			
Mail 1	white copy al	ong with a fee of \$5.00 for each const	ructed well to: Kansa	s Department	of Health and	Environmen	it, Bureau of Water	, GWTS Sect	tion,		
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											

Revised 7/10/2015