WATE	R WEI	LL RECORD	F	orm WW	VC-5	Di	ivision of Wate	r Resources App. N	16,756										
		OF WATER WELL:	Fraction	01111			on Number	Township No.	Range Number										
1	ity: Edv		1/4	1/4 NC	1/4 NW 1/4		28	T 24 S	R 17 □E ☑W										
		Address of Well Location;					al Positioning	System (GPS) ir											
from nearest town or intersection: If at owner's address, check he							Latitude: (in decimal degrees)												
2 3/4 East of Lewis							Longitude: (in decimal de												
2 O/T LUG! OF LOTTIO							Elevation:												
A VIAMED WILL OWNER						Datur	Elevation:												
2 WATER WELL OWNER: Leland & Margaret Higbie RR#, Street Address, Box #: 2360 P Road						Collection Method:													
	TD C 1						)												
City, State, ZIP Code : Lewis, KS 67552						Digital Map/Photo, Topographic Map, Land Survey													
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m																			
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 160 ft.																			
SECTION BOX: Depth(s) Groundwater Encountered (1)																			
SECTION BOX:  Depth(s) Groundwater Encountered (1)																			
Pump test data: Well water was. 11.11/2ft. after. 3																			
W EST. YIELD. 857gpm. Well water was. 71.1/2ft. after. 3.1/2																			
										Domestic Feedlot Oil field water supply Dewatering Other (Specify below)									
										☐ ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well									
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No																			
S If yes, mo/day/yr sample was submitted																			
1 mile  Water well disinfected? ✓ Yes □ No																			
5 TYPE OF CASING USED: Steel PVC Other																			
CASING JOINTS:  Glued  Clamped  Welded  Threaded																			
Casing diameter 16 in. to 160 ft., Diameter in. to 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.																			
TYPE OF SCREEN OR PERFORATION MATERIAL:																			
☐ Steel																			
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)																			
SCREEN OR PERFORATION OPENINGS ARE:																			
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☑ Saw cut ☐ Other (specify)																			
SCREEN-PERFORATED INTERVALS: From160																			
From 80 ft. to 60 ft., From ft. to ft.																			
GRAVEL PACK INTERVALS: From 160 ft. to 20 ft., From ft. to ft.																			
	01011		From	ft.	to		ft From	ft :	to ff										
From																			
Grout In		From ft. to		ft., From .	20	ft. to .0	ft	From	. ft. to ft										
		est source of possible conta	mination:	,			,												
	Septic ta	nk 🔲 Lateral lin	es 🔲 Pit priv		Livestock		■ Insecticide	storage Oth	er (specify below)										
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well																			
		ht sewer lines			Fertilizer s		Oil well/ga		9										
		n well		<del></del>				No.											
FROM	TO	LITHOLOG	IC LOG		FROM	TO		JG (cont.) or PLU	GGING INTERVALS										
0	6	Sandy top soil				146	Tan clay												
6	17	Brown & tan clay			146	154		vel- fine to smal	II W/										
17	22	Sand				1.5	clay streak												
22	25	Sandy tan clay			154	160	Sandy tan	clav											
25	59	Sand & gravel- small to	med																
59	63	Cemented sand																	
63	79.5	Sand & gravel- small to med, loose																	
79.5	85	Sandy tan clay																	
85	98	Sand																	
98 109 Sandy gray clay w/fine snad streaks																			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was   ✓ constructed, ☐ reconstructed, or ☐ plugged																			
under my jurisdiction and was completed on (mo/day/year) .7-29-13 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) 8-6-13																			
under the business name of Rosencrantz- Bemis Ent Inc. by (signature) Documents of Send three copies INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies																			
(white blue	JIIUNS: ue. nink) to	Ose ty pewriter or ball point pen.  Kansas Denar tment of Health	PLEASE PRES	oo <i>r IKMLY</i> a nt Bureau of	na <u><i>PKINT</i> cla</u> Water Geol	ariy. Pic	ase IIII in blanks	and check the correct	t answers. Send three copies										
(white, blue, pink) to Kansas Depar tment of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Vi sit us at																			
http://www.kdheks.gov/waterwell/index.html.																			
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy																			