							sion of Water					
			Change in Wo				rces App. No.			Well ID		
		VATER WELL:				Section Number		Township Number			ge Number	
	: Edwards			SW 1/4 SE 1/							9 □E ■ W	
1	OWNER:	ast Name: Burr	First:	Brian		Street or Rural Address where well is located (if unknown, distance and						
Business:	700 004	Α	direction fi	direction from nearest town or intersection): If at owner's address, check here:								
Address:	768 60th	Avenue	1 1/4 West of Kinsley									
City:	Kinslev	State:	KS ZIP:	67547								
3 LOCAT			445		T	07	0440					
WITH "		4 DEPTH OF										
	N BOX:		Depth(s) Groundwater Encountered: 1)				Longitude: 99.4445 (decimal degrees)					
1			2)							NAD	83 NAD 27	
		WELL'S STATIC WATER LEVEL: 17					Source for Latitude/Longitude:					
'	1	below land surface, measured on (mo-day-yr)12-30-16					GPS (unit make/model:)					
NW	NE		☐ above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)					
		after hours pumping gpm					☐ Land Survey ☐ Topographic Map					
W	E	Well water was fi.					☐ Online Mapper:					
sw	SE		after hours pumping gpm									
1 1	18	Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
	S	Bore Hole Diamet	ft. and		Source: Land Survey GPS Topographic Ma				pographic Map			
11	nile		in. to ft.				Other					
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
House	hold			ng: how many wells?								
☐ Lawn	& Garden		7. Aquifer Recharge: well ID									
☐ Livesto	ock		☐ Monitoring: well ID					mal: how many				
2. 🔲 Irrigati	ediation: well l	D			ed Loop Ho							
3. Teedlo		☐ Air S					b) Open Loop  Surface Discharge  Inj. of Water					
4. 🗌 Industr	rial	☐ Reco	very	☐ Injection			13. 🗌 Othe	r (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: Steel PVC Other												
Casing diameter 5 in to 115 ft. Diameter in to ft Diameter in to ft												
Casing diameter 5 in to 115 ft., Diameter in to 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 ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ■ Saw Cut ☐ None (Open Hole)												
SCREEN-	PERFORAT	ED INTERVALS:	From1.	5. ft. to 9	5 ft Fro	m	ft. to	ft. From	m	ft. to	ft.	
SCREEN-PERFORATED INTERVALS:         From         115. ft. to         95. ft., From         ft. to         ft., From         ft. from <t< td=""></t<>												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest source of possible contamination:												
☐ Septic		☐ Latera	l Lines	☐ Pit Privy			ivestock Pens	□ In	secticid	e Storage	:	
☐ Sewer	Lines	☐ Cess P	ool	☐ Sewage L	agoon	□F	Fuel Storage	□ A	bandone	ed Water	Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Ma Other (Specify) House												
Direction fro												
10 FROM	TO		DLOGIC L	OG	FROM	1				LUGGIN	GINTERVALS	
0	3	Top soil			115		Gı	ay & red shal	e			
3	8	Brown clay										
8	33	Sand & gravel- m	ed coarse	clean loose								
33	36	Gray & tan clay										
36	85	Tan & light brown	clay									
85	95	Sand & gravel- sr		v/ heavy								
		clay streaks			Notes	:						
95 102 Gray clay												
102												
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) 4-3-17 and this record is true to the best of my knowledge and belief												
Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year)4-10-17												
under the business name of Rosencrantz-Bemis Ent Inc. Signature X Care Old A												
Mail I 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 S	St., Suite 420, Topeka, K	ansas 66612-	367. Mail one to				for your records. 3	Celephon	e 785-296-	-5524.	
Visit us at http	://www.kdhek	s gov/waterwell/index.h	tml		KSA 82	1-121	2			Revised	7/10/2015	