		RECORD		WWC-5			ion of Wat		13,812					
		Correction		e in Well Use			rces App. 1			Well ID				
1 LOCATION OF WATER WELL: Fraction County: Edwards Fraction 4 4 NC 4						Section Number Township Number Range Number 29 T 25 S R 16 D F W								
	SW 1/4 29 T 25 S R 16 T E W Street or Rural Address where well is located (if unknown, distance and													
								lirection from nearest town or intersection): If at owner's address, check here:						
	Address: 1983 260th Avenue								, 1 West of Trousdale					
Address	- 5				1 3/4 Nor	th, 1	West of	Trou	usdale					
City:	Lewis		State: KS	ZIP: 67552		_		-						
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:													
	SECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitude:							
	N	2)	ft. 3	3) ft., or 4) [Dry Well		Horiz	ontal	Datum: WGS 84	□NAD	83 NAD 27			
	WELL'S STATIC WATER LEVEL: 28 below land surface, measured on (mo-day-y						Sourc	e for	Latitude/Longitude:					
	1 1							PS (u	mit make/model:)			
NW-	NE			measured on (mo-day-		(**************************************								
W	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:							
	1 2			ater was f			Li Oninie Mapper.							
SW	after hours pumping													
		gpm	6 Elevation:											
	S Bore Hole Diameter:30 in. to150						ft. and Source: Land Survey GPS Topographic Map							
_	1 mile in. to													
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID														
	Domestic: 5. ☐ Public Water Supply: well ID													
	☐ Lawn & Garden						☐ Cased ☐ Uncased ☐ Geotechnical							
Livest	rock			g: well ID			12. Geotl	herma	l: how many bores	?				
2. Irrigat	2. Irrigation 9. Environmental Remediation: well ID.						a) Cl	losed	Loop Horizonta	I 🔲 Verti	cal			
_	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra						b) Open Loop Surface Discharge Inj. of Water							
4. Indust	rial		Recovery	☐ Injection			13. 🗌 🔾	ther (s	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 JOINTS: Glued Clamped Welded Threaded														
Casing diameter 16 in to 150 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														
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)														
Louve	ered Shutter	Key Punch	ed W	re Wrapped Say	v Cut	Non	e (Open H	(ole)						
SCREEN-I	PERFORAT	ED INTERVA	LS: From	150 ft. to 110	ft., Fron	a	ft. to	D	ft., From	ft. to	ft.			
GRAVEL PACK INTERVALS: From														
9 GROUT	MATERL	AL: Neat co	ement 🔲	Cement grout Ber	tonite [Othe	er			• • • • • • • • • • • • • • • • • • • •				
		ft. to . le contaminatio		ft., From 20	t. to	}	. ft., From	******	ft. to	ft.				
Septic			on: ateral Lines	☐ Pit Privy	Г	71:	vestock Pe	me	☐ Insectici	da Ctannas				
Sewer			ess Pool	Sewage Lag			el Storage		☐ Abandoi		Ve11			
	ight Sewer Li		eepage Pit	☐ Feedyard			rtilizer Sto		Oil Well		7011			
Other (Specify) None Direction from well? ft.														
					-									
10 FROM	TO		THOLOG		FROM				IO. LOG (cont.) or l	PLUGGING	INTERVALS			
0		Sandy top so	II & silty C	lay	100	10			Il gravel					
9		Med gravel	law		105	11		Tan o		· · ·				
20		Sandy med cl		-1	113	13			sand & small gra	avel				
34		Med gravel w	/ clay stre	eaks	130	14			gravel					
65		Tan clay			149	15	00	Gree	n shale					
75		Grvel- med co	ThY - 4											
81		White clay Notes:												
97														
11 CONT	100	Cemented Sa	WNED'S	CERTIFICATION	This wa	tor w	ell was	Con	etructed [] recor	atminted a				
under my ju	urisdiction a	nd was comple	ted on (mo	o-day-year)4-9-19	₹ an	d this	s record is	s true	to the best of my	knowledge	e and belief			
under my jurisdiction and was completed on (mo-day-year)4-9-19 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)5-9-19 under the business name ofRosencrantz-Bemis Ent Inc														
under the b	usiness nam	e ofKosen	crantz	emis.Ent.Jnc		Signa	iture 🕽	203	A. Olleda	·				
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.														
		t., Suite 420, Tope .gov/waterwell/ind			/ater Well O		and retain or	ne for y	your records. Telephor					
A 1911 no gr litt	III WWW.KUHEKS	. zow water well/inc	HIIIII, COI		NO/1 0/2-	414				wenised .	7/10/2015			