	WELL E		WWC-5		ision of Water	1	12680		
	l Record		ge in Well Use		ources App. No		Well ID		
1 LOCATION OF WATER WELL: County: seward			Fraction NW1/4 SW1/4 NW1/2	1	Section Number Township Number Range Number T 32S S R 32				
2 WELL OWNER: Last Name: Greeson First: greg Street or Rural Address where well is located (if unknown, distant									
Business: Jim greeson Estate direction from nearest town or intersection): If at owner's address, ch							's address, check here:		
	20548 Ro	ad M		hwy 160 &	& 83 intersection travel west 2 miles to the two track				
Address:	Kismet	State: ks		n. travel 800' north on two track.					
City:	LOCATE WELL								
	WITH "X" IN 4 DEPTH OF COMPLETED WELL:								
	SECTION ROX: Depth(s) Groundwater Encountered: 1)								
1	N	2) ft.	Dry Well	Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27					
		WELL'S STATIC WATER LEVEL:			Source	for Latitude/Longitude:			
NIW/	NE	above land surface, measured on (mo-day-yr)			GPS (unit make/model:) (WAAS enabled? Yes No)				
\\	NE	Pump test data: Well water was ft.			Land Survey Topographic Map				
w	 	after hours pumping gpm			Online Mapper:				
- SW -	SE	Well water was ft.							
	32	after hours pumping gpm Estimated Yield:1200gpm			6 Flevat	ion· f	☐ Ground Level ☐ TOC		
	S	Pore Hole Diameter	A and	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map					
	s mile	Bore Hole Diameter:30° in. to			Other				
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
☐ House			6. Dewatering: how many wells?						
☐ Lawn & Garden 7. ☐ Aq			quifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical			
			ng: well ID	12. Geothermal: how many bores?					
2. Irrigat			tal Remediation: well I						
3. Feedle		☐ Air Sparg		Extraction					
4. Industrial Recovery Injection 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: ■ Steel □ PVC □ Other									
Casing diameter									
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-PERFORATED INTERVALS: From 301 ft. to 401 ft. to 501 ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 30 ft. to 501 ft., From ft. to ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Septic Tank									
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
Other (Specify)									
Direction from well? South Distance from well? 500'									
10 FROM 0	TO 4	LITHOLO	GIC LOG	FROM	TO 1	LITHO. LOG (cont.) or	PLUGGING INTERVALS		
4	 	topsoil			ļ				
31		caliche clay clay			 				
162		ciay medium to coarse sai	nd .		 		· · · · · · · · · · · · · · · · · · ·		
345	+	blue shale medium sr			 				
358		olue snale medium sr medium to coarse sal			1				
418			Notes:	1	1				
492						A 1			
503 520 tight red clay									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was posttructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) 5-27-2920 and this record is the best of my knowledge and belief.									
under my jurisdiction and was completed on (mo-day-year) .5-27-2920 and this record is the best of my knowledge and belief. Kansas Water Well Contractor's License No. 950 This Water Well Record was completed on (mo-day-year) 6-18-2020									
under the b	ousiness nam	e of Elite Irrigation &	Drilling Inc	S	ignature	HH + - /	CHITTO		
under the business name of Elite Irrigation & Drilling Inc. Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Edward Records. 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.									
1		st., Suite 420, Topeka, Kansa s.gov/waterwell/index.html	s out 12-130/. Mail one to	KSA 82a-1		e tot your records. Telepho	Revised 7/10/2015		