	WELL RI		Form WW			vision of Wat		·		
	Record		Change in W			ources App. 1			Well ID	
1 LOCATION OF WATER WELL: Fraction				Se	ction Numb	Township Number	er Rar	nge Number		
County: Marion 12844Ne14					MW4	$\frac{1}{4}$ $\frac{1}{2}$ $\frac{1}{3}$ $\frac{1}$				
2 WELL OWNER: Last Name: 5 Cully Par There L. P. Street or Rural Address where well is located (if unknown, distance are Business:										, distance and
Address; the owner is deduced, the owner is deduced, there is a deduced, there is deduced in the owner										
Address 600 Occhand D										
Address: 600 Orchard Dr. City: Hillshopp State: KS ZIP: 67063 52N Lehigh										
3 LOCATE	WELL			•						<u> </u>
WITH "X	" IN			TED WELL: .			ude:	. * * *** * * * * *** * * * * * * * *		(decimal degrees)
SECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitude:(decimal degrees)				
N 2)					Dutum, El WOD 64 El MAD 65 El NAD 27					
below land surface, measured on (mo-day-y						Source for Latitude/Longitude: GPS (unit make/model:)				
above land surface, measured on (mo-day-y-				vr)	.	iPS (t	unit make/model:		·····)	
	Pump test data: Well water was				;;	I and Survey I Tonographic M			Yes LIN	10)
	W E after hours pumping				gpm	Online Mapper:				
Well water was fi				t.						
alter nours bumbin				ing	gpm					
S Bot		Estimated Yie	Estimated Yield: gpm			o Eleva	ft. Ground Level TOC Land Survey GPS Topographic Map			
Bote Hote Braneter. 1, 1, III. to										
1 mile in. to										
1. Domestic:	ALEKTOI			oply: well ID		10 🗆 0	ii mi ii	1137 . 0 . 1 . 1		
Househo	ıld	5. ☐ 1 6 ☐ 1	Dewatering: how	y many well ID	• • • • • • • • • • • • • • • • • • • •	10. [] O	II Fie.	ld Water Supply: lea	ase	
1977	☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					11. Test Hole: well ID				
	Livestock 8. Monitoring: well ID					12. Geotl	iscu ierm:	al: how many bores)	Į.
2. Irrigation	☐ Irrigation 9. Environmental Remediation: well ID					a) Cl	osed	Loop Horizonta	l □ Verti	cal
3. ☐ Feedlot								oop Surface Dis		
4. Industria	1	I 🗍	Recovery	☐ Injection		13. ☐ Oi	her (specify):		
Was a chemical/bacteriological sample submitted to KDHE? Yes Ves date sample was submitted:										
Water well disinfected? Yes No										
8 TYPE OF CASING USED: Steel PVC Other CASING IOINTS: DCGwed Clamped Worlded Threaded										
Casing diameter in. to										
Casing height above land surface in. Weight SDB 26 lbs./ft. Wall thickness or gauge No. 1.2/4										
1 THE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ FVC ☐ 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 ft. to ft., From ft. to ft., From ft.										
GRAVEL PACK INTERVALS: From										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Septic Tank										
Sewer Lines										
Watertight Sewer Lines Seenage Pit Feedward Feetblizer Storage										
1 Other (Specify)										
Direction from well? Pasture Water Distance from well? None Within Am. ft.										
10 FROM	TO	LI	THOLOGIC LO)G	FROM	TO	LITI	40. LOG (cont.) or I	PLUGGING	3 INTERVALS
		Clay								
115 0	1 - (> /								
10 000	25 5	sandd	. Wate	h						
de semi d	1 12 4	21 5	131 1							
25 1	00 1	3/VC.	Stale	·						
					BT					
					Notes:					
11 CONTRACTOR'S OR LANDOWNED'S CERTIFICATION TO										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, or plugged under my jurisdiction and was completed on (mo day year)										
under my jurisdiction and was completed on (mo-day-year)										
under the busi	ness name o	f Ban	Khilo	1. De 5 1/0	OF AN CH IVEC	oru was con	pret	ca on (mo-day-yea	u)	***********
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas										
Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565										opy to Kansas
	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012									