	WAT	ER WELL RECORD FO	orm WWC-5 KSA 82a	-1212	
LOCATION OF WATER V	VELL Fraction		Section Number	Township Number	Range Number
County: Marion Distance and direction from	nearest town or city?		Street address of well if		R 4 (E)W
2mi N /4m	it from Lill	colnville		· ·	
2 WATER WELL OWNER: RR#, St. Address, Box #				Poord of Agricultura	Divinian of Mater Becommon
City, State, ZIP Code	RRI Sprin	ies Kane 6	6859	Application Number:	Division of Water Resources
DEPTH OF COMPLETE	D WELL	Bore Hole Diameter	9 in. to 1.4		in. to
Well Water to be used as:	5 Public water		8 Air conditioning	11 Injection we	
1 Domestic 3 Feedlo	t 6 Oil field water	er supply	9 Dewatering	12 Other (Spec	cify below)
2 Irrigation 4 Industr			10 Observation well		
	•	<i>I</i> •			day 80 year
Pump Test Data Est. Yield 30 +		ft. after		· · · · · · · · · · · · · · · · · · ·	36 gpm gpm
4 TYPE OF BLANK CASIN		5 Wrought iron	8 Concrete tile		ed . X Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement		=	ded
2PVC	4 ABS	7 Fiberglass		Thre	eaded
Blank casing dia5	in. to4.5.	ft., Dia	in. to	ft., Dia	in. to ft.
Casing height above land si	urface	in., weight 🔍	b. 6 <u>02.</u> lbs.	/ft. Wall thickness or gauge	No
TYPE OF SCREEN OR PE	REPORATION MATERIAL:		7(PVC)	10 Asbestos-cen	nent
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)		/)
2 Brass Screen or Perforation Openi	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (d	ppen noie) 11 None (open hole)
1 Continuous slot	3 Mill slot	5 Gauzed 6 Wire wr		8 Saw cut 9 Drilled holes	11 None (open noie)
	4 Key punched	, , , , -		0 Other (specify)	
					in to
Screen-Perforated Intervals:					
•					
Gravel Pack Intervals: Non	€ From	ft. to			
	From	ft. to	ft., From	ft. to	
GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite 4		
		• ft., From			ft. to
What is the nearest source	4 Cess pool	7 Sewage lagoor			Abandoned water well Oil well/Gas well
2 Sewer lines	5 Seepage pit	8 Feed yard			Other (specify below)
3 Lateral lines	6 Pit privy	9 Livestock pens		ataba a a a a tanàna	
Direction from well		w many feet 8.4		Well Disinfected? Yes . X.	
Was a chemical/bacteriologic	cal sample submitted to De	partment? Yes		,,,,,,, ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,	: If yes, date sample 🖔
was submitted	month	day	year: Pump Installe	d?_ Yes X . , ,	.No
If Yes: Pump Manufacturer's	name. Mar. athon	Electric	Model No.UQJ. IIV.A.	? HP <i>73</i>	Volts . ユュ. 🤾
Depth of Pump Intake	• •		Pumps Capacity rated at	•	
Type of pump:			Jet 4 Centr		ng 6 Other nder my jurisdiction and was
completed on	17	month			
and this record is true to the		•	•		year
This Water Well Record was		1 4	4/		year under the business
name of Benda	Drilling		(signature) Pau		
7 LOCATE WELL'S LOCA	TION FROM TO	LITHOLOGIC	LOG FROM	и то	LITHOLOGIC LOG
→ WITH AN "X" IN SECTI BOX:	ION	<u></u>			
		Cleaned of Ri	elased		
N N					
A;		Existing W	ell		
<u>u</u>	***************************************				
× i i	E				
SW SE		N. Gamalar	N. s. i la bla		
<u> </u>		No Samples	TATIONE		
S 1 ← 1 Mile − → 1					
ELEVATION:					
Depth(s) Groundwater Enco	untered 1 5.5 ft.	2 ft. 3	ft. 4 ft.	(Use a second s	heet if needed)
INSTRUCTIONS: Use typew	riter or ball point pen, pleas	se press firmly and PRINT o	learly. Please fill in blank	s, underline or circle the con	ect answers. Send top three
copies to Kansas Department retain one for your records.	it of Health and Environment	, Division of Environment, W	ater well Contractors, Top	Jeka, NO pobžu. Send one to	WATER WELL OWNER and