County: Marion	Fraction:	8W SW SK	Sec. 22	_ T <u></u>	S R / (E)	W		
CORRECT	ION(S) TO WATE (to rectify la	R WELL COMI		RD (WWC-5)				
Owner: Peters, Ryan								
Location was listed as: Location changed to:								
Section-Township-Range: 6	lustionable Section	- 19 S - 1 E	22	-195-11	<u> </u>			
Fraction (1/4 1/4 1/4):	รม รม		su	یں عب				
Other changes: Initial statements:								
Changed to:								
Comments:								
Verification method: Localism of	Well in Reference	e to town	of Lehigh on	Мар.				
			i	nitials: 🎉 d	ate: 4/15/14			
Submitted by: Kansas Geological Surto: Kansas Dept of Health & Environment								

		RECORD		WWC-5			ision of Water	- 1		Well ID		
				e in Well Use			ources App. No					
1 LOCA	1 LOCATION OF WATER WELL: Fraction									ige Number		
County: Marian "Swaswas" 2 WELL OWNER: Last Name: Peters First: Ryan St.					Street or Rural Address where well is located (if unknown, distance and							
2 WELL	OWNER:	Last Name:	ters	First: Ryan	- 1							
Address:	Business: 7/6 180 th direction from nearest town or intersection): If at owner's address, check here:							check here:				
Address:			K	1000	1	/ N .	64 ¥	1 04	1			
City:	Hills	2010	State: 7	ZP: 67063	د ا	2 /V 3	1 har 1	cn	igh			
3 LOCAT		4 DEPTH	OF COM	IPLETED WEL	L: ///	<i>Q</i> ft	. 5 Latitu	de:			(decimal degrees)	
WITH "	'X" IN ON BOX:			Encountered: 1)			1					
	DI I BUA: N	2)	ft.	3) ft., og	4) 🗆 I	Ory Well	Longitude:					
 				TER LEVEL:			Source	for Lati	tude/Longitude	:		
'	1			, measured on (mo-			GPS (unit make/model:)					
NW	NE			, measured on (mo- vater was)/. c4 /.	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
w	 	م. ا		s pumping		m						
"	'			vater was				illie ivia	фрег			
1 1 1	SE	after	hours	pumping		m	(T)					
LX_		Estimated Y	/ield: . <i>/.Q</i> .,	orgpm	0						Level TOC	
!	S	Bore Hole I	Diameter: d	in. to .!!.	f	ft. and	Source:		• —	_	opographic Map	
1		O DE LICED		in. to	1	n.			<u> </u>			
Į.		O BE USED		ton Cumulus, suell II	`		10 🗆 0:1	Eigld W	Vatan Cummlen 1a			
1. Domestic ☐ House				ter Supply: well II g: how many wells					Vater Supply: le			
_	& Garden			echarge: well ID					Uncased []			
Livest				g: well ID					now many bores			
2. 🔲 Irrigat				al Remediation: we					p 🗌 Horizont			
3. Feedlo			Air Sparge			raction			☐ Surface Di			
4. 🔲 Indust	rial		Recovery	☐ Injection	n		13. 🗆 Oth	er (spec	ify):			
				itted to KDHE?	☐ Ye	s No	If yes, date	sample	was submitte	d:		
		1? Z Yes										
8 TYPE C	OF CASING	G USED: 🗆 S	teel PV	C 🛘 Other	•••••	CASI	NG JOINTS:	☐ Glu	ed 🗌 Clamped	I 🗌 Welder	i Threaded	
Casing dian	neter	in. to	ft.,	Diameter	D'a in	. to	ft., Diame	ter	in. to	ft.		
TVDE OF	nt above land	OR PERFORA	TION MA'	redial.	DUE	lbs./It.	Wall thickr	less or g	gauge No. A	<i>T</i>		
☐ Steel		ainless Steel			ic .		□ Othe	r (Snec	ifa			
☐ Steel ☐ Stainless Steel ☐ Fiberglass												
_		RATION OPE				- (open non	-,					
☐ Conti	nuous Slot	☐ Mill Slot	\square G	auze Wrapped] Torch	Cut 🗆 D	Orilled Holes	☐ Othe	er (Specify)			
		☐ Key Punc		ire Wrapped	1 Saw (Cut 🗆 N	None (Open Ho	le)				
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From 20. ft. to .//.Q ft., From ft. to ft., From ft., From ft.												
				Cement grout							•••••	
				. ft., From	ft.	to	ft., From		ft. to	ft.		
Septic		ble contaminati	io n: Lateral Line	s 🔲 Pit Priv	, TV		Livestock Pen	e	☐ Insectio	cide Storage		
☐ Sewer			Cess Pool	☐ Sewage			Fuel Storage			oned Water		
_	tight Sewer I	_	Seepage Pit				Fertilizer Stor	age		ll/Gas Well		
Other (,	.,					,	_			
Direction fro			ture		m well?				<i>നട</i> ് ft.			
10 FROM	TO	I	LITHOLOG	<u> </u>		FROM	TO I	LITHO.	LOG (cont.) or	PLUGGIN	G INTERVALS	
0	25	XELLOW	Clay	15halo								
25	45	BIVE	1 5-16	y Shale	-							
100	166	0	6/1	Whatlan	, , 	4 0 >=						
93	100	Crum	UIEO.	Shale +	uja	ZZr						
100	110	Gray	01.	10	-							
100	110	Gray	Sha	/2		Notes:	L					
110163.												
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) and this record is true to the best of my knowledge and belief.												
under my j	urisdiction	and was comp	leted on (m	io-day, year) /2-	3-/	3 and	this record is	true to	the best of m	y knowled	ge and belief.	
Kansas Wa	ater Well Co	ontractor's Lie	سر زense No	This	Water	r Well Rec	ord was com	pleted (on (mo-day-ye	ear) [.	14-13.	
under the business name of Dachive Drilling												
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.												

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html