WATER WELL R		Form V			ision of Water	1			
Original Record					ources App. No		Well ID		
1 LOCATION OF WATER WELL: Fraction					Section Number   Township Number   Range Number   R 3 ME W				
County:			SE "NE"SE	Street or Du	3 <b>0</b>				
2 WELL OWNER: Last Name: Galichia  Business: Galichia Ranch Properher  Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:									
Address: Address:									
Address: 1580 Sw Santa Fe lake Rd									
City. 10082 Mill		State: KS	ZIP:U7/33	L		5. 6.0.			
3 LOCATE WELL WITH "X" IN	4 DEPTH	OF COM	PLETED WELL:	fi	. 5 Latitu	de: 37.568425	9	(decimal degrees)	
SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft.				Longit	Longitude: -97. Q4.3.71.1e1(decimal degrees)			
N	2) ft. 3) ft., or 4) Dry Well					ntal Datum: WGS 8		83 □ NAD 27	
	WELL'S STATIC WATER LEVEL:					for Latitude/Longitude		,	
NT' NE	above land surface, measured on (mo-day-yr)					'S (unit make/model: (WAAS enabled?			
The state of the s	Pump test data: Well water was				□ [a	☐ Land Survey ☐ Tonographic Man			
W + E	after hours pumping gpm				<b>⊠</b> On	☑ Online Mapper: Gacagle Earth			
SW SE	Well water was ft.								
	after hours pumping gpm  Estimated Yield:gpm  6 Elevation:ft.						.  Ground	Level TOC	
S	Bore Hole Diameter: in. to ft. and					Source: Land Survey GPS Topographic Map			
mile	in. to								
7 WELL WATER TO BE USED AS:									
1. Domestic:			er Supply: well ID			Field Water Supply: 1			
Household	6. Dewatering: how many wells?					11. Test Hole: well ID			
Lawn & Garden	7. Aquifer Recharge: well ID					Cased Uncased Geotechnical			
Livestock 2. Irrigation	_		Remediation: well			cothermal: how many bores?			
3. Feedlot		Air Sparge				en Loop 🔲 Surface Di			
4. Industrial		Recovery				er (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									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
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									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage									
☐ 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?									
10 FROM TO		ITHOLOG				LITHO. LOG (cont.) or		CINTEDVALC	
TO I KOWI TO	<u></u>	TITOLOG	IC LUG	FROM	10 1	LITTO, LOG (CORL) O	FLOGGING	O HATEKAMPS	
							1.4		
				Notes: A	Mirad	CO CLOO			
Notes: hepaired couling									
11 CONTRACTORS OF LANDOWNED CERTIFICATION. This mater wall was T constructed Of reconstructed or T shapered									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged and belief.									
under my jurisdiction and was completed on (mo-day-year) 1911/12020 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No									
under the business name	of DEX	MA MAI	$1 \times 1 \times$	S1	gnature\\	<u> </u>			
Mail 1 white copy alor	ng with a fee of	\$5.00 for each	constructed well to: Ka	ınsas Department	of Health and P	hvirønment, Bureau of W	ater, GWTS S	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.									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									