

☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <u>Sedgwick</u>		Fraction: <u>1/4 SE 1/4 SE 1/4 SE 1/4</u>	Section Number: <u>4</u>	Township Number: <u>T 25 S</u>	Range Number: <u>R 1 E</u>																																																												
<b>2 WELL OWNER:</b> Last Name: <u>Jordan Noone</u> First: <u></u> Business: <u>400 W 109th St N</u> Address: <u>Valley Center</u> State: <u>KS</u> ZIP: <u>67147</u>		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: <input type="checkbox"/> <u>1430 E 117th Ct N</u> <u>Sedgwick, KS 67135</u>																																																															
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1"><tr><td></td><td></td><td></td></tr><tr><td>-- NW --</td><td></td><td>-- NE --</td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td></tr><tr><td></td><td>S</td><td></td></tr></table> ----- 1 mile -----					-- NW --		-- NE --	W		E	-- SW --		-- SE --		S		<b>4 DEPTH OF COMPLETED WELL:</b> <u>100</u> ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>35</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>11-6-12</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: <u>20</u> gpm Bore Hole Diameter: <u>1.2</u> in. to <u>100</u> ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....																																														
-- NW --		-- NE --																																																															
W		E																																																															
-- SW --		-- SE --																																																															
	S																																																																
<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....																																																																	
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....																																																																	
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: ..... <b>Water well disinfected?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter <u>5</u> in. to <u>40</u> ft., Diameter <u>12</u> in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface <u>12</u> in. Weight <u>2.4</u> lbs./ft. Wall thickness or gauge No. <u>11 gpsi</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) <b>SCREEN-PERFORATED INTERVALS:</b> From <u>40</u> ft. to <u>100</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From <u>35</u> ft. to <u>100</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																																	
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From <u>3</u> ft. to <u>35</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>Nearest source of possible contamination:</b> <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) ..... Direction from well? <u>South</u> Distance from well? <u>150'</u> ft.																																																																	
<table border="1"><thead><tr><th>10 FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>Top Soil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>29</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>29</td><td>31</td><td>Fin. Sand</td><td></td><td></td><td></td></tr><tr><td>31</td><td>100</td><td>Blue Shale</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> <b>Notes:</b>						10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	3	Top Soil				3	29	Clay				29	31	Fin. Sand				31	100	Blue Shale																																	
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																																												
0	3	Top Soil																																																															
3	29	Clay																																																															
29	31	Fin. Sand																																																															
31	100	Blue Shale																																																															
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>11-6-12</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>148</u> This Water Well Record was completed on (mo-day-year) <u>1-16-13</u> under the business name of <u>Wenger Drilling Inc</u> <u>Don Wenger</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. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 9/10/2012																																																																	