

☒ Original Record ☐ Correction ☐ Change in Well Use

Well ID

<input type="checkbox"/> Original Record <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Change in Well Use		Resources App. No.																																											
1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction SW ¼ SW ¼ NW ¼ SW ¼	Section Number 8																																										
		Township Number T 29 S																																											
		Range Number R 2 E W																																											
2 WELL OWNER: Last Name: Business: EMBRACE Address: PO BOX 246 City: DERBY State: KS ZIP: 67037		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"/> 520 S ROCK RD DERBY, KS 67037																																											
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align:center;"><table border="1" style="margin:auto; width:100px; height:100px;"> <tr><td></td><td></td><td></td></tr> <tr><td>--NW--</td><td>X</td><td>--NE--</td></tr> <tr><td>--SW--</td><td></td><td>--SE--</td></tr> </table>S -----1 mile-----</div>				--NW--	X	--NE--	--SW--		--SE--	4 DEPTH OF COMPLETED WELL:120..... ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:42..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..11-15-24.. <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:gpm Bore Hole Diameter:12..... in. to120..... ft. and in. to ft.																																			
--NW--	X	--NE--																																											
--SW--		--SE--																																											
5 Latitude:37.53741.....(decimal degrees) Longitude:-97.24318.....(decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: I-PHONE.....) (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:																																													
6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other																																													
7 WELL WATER TO BE USED AS:																																													
1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. Irrigation 3. Feedlot 4. 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):																																													
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted:																																													
Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																													
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded																																													
Casing diameter5..... in. to120..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface12..... in. Weight2.35..... lbs./ft. Wall thickness or gauge No. SDR26.....																																													
TYPE OF SCREEN OR PERFORATION MATERIAL: <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)																																													
SCREEN OR PERFORATION OPENINGS ARE: <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)																																													
SCREEN-PERFORATED INTERVALS: From40..... ft. to120..... ft., From ft. to ft. to ft. GRAVEL PACK INTERVALS: From24..... ft. to120..... ft., From ft. to ft. to ft.																																													
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From4..... ft. to24..... ft., From ft. to ft. to ft.																																													
Nearest source of possible contamination: <input 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 checked="" 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? EAST Distance from well? 40..... ft.																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <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 INTERVAL</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>26</td> <td>CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>26</td> <td>39</td> <td>TAN SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>39</td> <td>114</td> <td>GRAY SHALE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>114</td> <td>120</td> <td>LIMESTONE</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px; vertical-align: top;">Notes:</td> </tr> </tbody> </table>				10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVAL	0	3	TOP SOIL				3	26	CLAY				26	39	TAN SHALE				39	114	GRAY SHALE				114	120	LIMESTONE				Notes:					
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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) 11-14-24..... and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. 236..... This Water Well Record was completed on (mo-day-year) 11-15-24..... under the business name of HARP WELL AND PUMP SERVICE INC..... Signature TODD S.HARP.....																																													
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS 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																																													