

SE NE SE NW

Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL County: <u>Osage</u>		Fraction: $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>Sec</u> $\frac{1}{4}$ <u>ME</u> $\frac{1}{4}$		Section Number <u>24</u>		Township Number T <u>26</u> S		Range Number R <u>1</u> E <u>W</u>																																																											
2 WELL OWNER: Last Name: <u>Patel</u> First: _____ Business: _____ Address: <u>3309 W Bayview</u> Address: <u>Wichita</u> State: <u>Ks</u> ZIP: <u>67204</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: ☐																																																															
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1"><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><tr><td></td><td></td><td></td></tr></table> S [-----] 1 mile [-----]					--NW--	X	--NE--	--SW--		--SE--				4 DEPTH OF COMPLETED WELL: <u>33</u> ft. Depth(s) Groundwater Encountered: 1) <u>13</u> ft. 2) _____ ft. 3) _____ ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: <u>13</u> ft. ☒ below land surface, measured on (mo-day-yr) <u>1-25-13</u> ☐ 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: <u>9</u> in. to <u>13</u> ft. and _____ in. to _____ ft.		5 Latitude: _____ (decimal degrees) Longitude: _____ (decimal degrees) Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude: ☐ GPS (unit make/model: _____) (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: _____																																																			
--NW--	X	--NE--																																																																	
--SW--		--SE--																																																																	
7 WELL WATER TO BE USED AS: 1. Domestic: ☐ Household ☒ Lawn & Garden ☐ Livestock 2. ☐ Irrigation 3. ☐ Feedlot 4. ☐ Industrial 5. ☐ Public Water Supply: well ID _____ 6. ☐ Dewatering: how many wells? _____ 7. ☐ Aquifer Recharge: well ID _____ 8. ☐ Monitoring: well ID _____ 9. Environmental Remediation: well ID _____ ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection 10. ☐ Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? _____ a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (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 JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded Casing diameter <u>5</u> in. to <u>23</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>12</u> in. Weight _____ lbs./ft. Wall thickness or gauge No. <u>160</u> TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) _____ ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) 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 _____ ft. to <u>23</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																	
9 GROUT MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____ Grout Intervals: From _____ ft. to <u>13</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. Nearest source of possible contamination: ☐ 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? <u>north</u> Distance from well? <u>50'</u> ft.		10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS <table border="1"><tr><td>0</td><td>3</td><td>Top Soil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>16</td><td>Fine Tan Sand</td><td></td><td></td><td></td></tr><tr><td>16</td><td>33</td><td>coarse Tan Sand</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><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></table>						0	3	Top Soil				3	16	Fine Tan Sand				16	33	coarse Tan Sand																																													
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-yr) <u>1-25-13</u> and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. <u>512</u> This Water Well Record was completed on (mo-day-yr) <u>1-25-13</u> under the business name of <u>B. Jordan Pumps & well</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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012																																																																	