

☒ Original Record ☐ Correction ☐ Change in Well Use

Well ID

Well ID

2 WELL OWNER: Last Name: <u>Downd</u> First: <u>Jerry</u> Business: Address: <u>11724 W. 1st St Ct</u> Address: City: <u>Wichita</u> State: <u>Ks</u> ZIP: <u>67212</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: ☒
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SECTION BOX:
N

Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft., or 4) ☒ Dry Well

WELL'S STATIC WATER LEVEL: 2.8 ft.

Longitude: _____ (decimal degrees)
Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27
Source for Latitude/Longitude:

☐ below land surface, measured on (mo-day-yr).....
☐ above land surface, measured on (mo-day-yr).....

W  E

Pump test data: Well water was ft.
 after hours pumping gpm
 Well water was ft.

☐ Land Survey ☐ Topographic Map
☐ Online Mapper:

6 Elevation:ft. ☐ Ground Level ☐ TO

Source: ☐ Land Survey ☐ GPS ☐ Topographic Map
☐ Other _____

7 WELL WATER TO BE USED AS:

1. Domestic:
☐ Household
☒ Lawn & Garden
☐ Livestock
☐ Irrigation
2. ☐ Feedlot
3. ☐ Industrial
4. ☐ Public Water Supply: well ID
5. ☐ Dewatering: how many wells?
6. ☐ Aquifer Recharge: well ID
7. ☐ Monitoring: well ID
8. ☐ Environmental Remediation: well ID
 ☐ Air Sparge ☐ Soil Vapor Extraction
 ☐ Recovery ☐ Injection
9. ☐ Oil Field Water Supply: lease
10. ☐ Test Hole: well ID
 ☐ Cased ☐ Uncased ☐ Geotechnical
11. ☐ Geothermal: how many bores?
 a) Closed Loop ☐ Horizontal ☐ Vertical
 b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
12. ☐ Other (specify):

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted:

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 in. to 120 ft. Diameter in. to ft. Diameter in. to ft.

Casing height above land surface 16 in. Weight 16.0 lbs./ft. Wall thickness or gauge No. 24

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify)
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

SCREEN OR PORTAL OPENINGS ARE:

☐ Continuous Slot	☒ Mill Slot	☐ Gauze Wrapped	☐ Torch Cut	☐ Drilled Holes	☐ Other (Specify)
☐ Lowered Shutter	☒ Key Punched	☐ Saw Wrapped	☐ Saw Cut	☐ None (Open Hole)	

SCREEN-PERFORATED INTERVALS: From 100 ft. to 120 ft. From ft. to ft. From ft. to ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____
Grout Intervals: From 4 ft to 34 ft. From _____ 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

Direction from well? West Distance from well? 75 ft.

10	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (CONT.) OF PLUGGING INTERVAL
0		2	Topsoil			
3		16	Blk. silt.			

16	24	med. / fine Sand		
24	35	med. / fine Sand		

55	89	clay					
56	120	med. fine sand					

0.1	122	11.11.11 - from 12.11.11	Notes:

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) 7/19/13..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 61110111..... This Water Well Record was completed on (mo-day-year) 7/19/13.....
under the business name of ABC

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