

☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

|                                                                                                                                                                                                    |                                                                                                                                                                                                     |
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| <p><b>2 WELL OWNER:</b> Last Name: <u>menges</u> First: <u>Brenda</u></p> <p>Business:</p> <p>Address: <u>1610 N Lark St</u></p> <p>Address:</p> <p>City: <u>Wichita</u> State: <u>KS</u> ZIP:</p> | <p>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 checked="" type="checkbox"/></p> |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b></p> <p style="text-align: center;">N</p> <table border="1" style="margin: 10px auto; width: 150px; height: 100px; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;">-- NW --</td> <td style="width: 50px; height: 50px;">-- NE --</td> </tr> <tr> <td style="width: 50px; height: 50px;">-- SW --</td> <td style="width: 50px; height: 50px;">-- SE --</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">-----1 mile-----</p> | -- NW -- | -- NE -- | -- SW -- | -- SE -- | <p><b>4 DEPTH OF COMPLETED WELL:</b> <u>60</u> ft.</p> <p>Depth(s) Groundwater Encountered: 1) ..... ft.</p> <p>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL: <u>24</u> ft.</p> <p><input type="checkbox"/> below land surface, measured on (mo-day-yr).....</p> <p><input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ..... ft.</p> <p style="padding-left: 40px;">after..... hours pumping ..... gpm</p> <p style="padding-left: 40px;">Well water was ..... ft.</p> <p style="padding-left: 40px;">after..... hours pumping ..... gpm</p> <p>Estimated Yield: ..... gpm</p> <p>Bore Hole Diameter: <u>1.5</u> in. to ..... ft. and</p> <p style="padding-left: 40px;">..... in. to ..... ft.</p> | <p><b>5 Latitude:</b> .....(decimal degrees)</p> <p><b>Longitude:</b> .....(decimal degrees)</p> <p>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27</p> <p><u>Source for Latitude/Longitude:</u></p> <p><input type="checkbox"/> GPS (unit make/model: .....)</p> <p style="padding-left: 40px;">(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map</p> <p><input type="checkbox"/> Online Mapper: .....</p> |
| -- NW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -- NE -- |          |          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -- SW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -- SE -- |          |          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC</p> <p><u>Source:</u> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map</p> <p><input type="checkbox"/> Other .....</p>                                                                                                                                                                                                                                                                             |          |          |          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**7 WELL WATER TO BE USED AS:**

|                                                   |                                                                                    |                                                                                                       |
|---------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1. Domestic:                                      | 5. <input type="checkbox"/> Public Water Supply: well ID .....                     | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....                                      |
| <input type="checkbox"/> Household                | 6. <input type="checkbox"/> Dewatering: how many wells? .....                      | 11. Test Hole: well ID .....                                                                          |
| <input checked="" type="checkbox"/> Lawn & Garden | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....                        | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| <input checked="" type="checkbox"/> Livestock     | 8. <input type="checkbox"/> Monitoring: well ID .....                              | 12. Geothermal: how many bores? .....                                                                 |
| 2. <input type="checkbox"/> Irrigation            | 9. Environmental Remediation: well ID .....                                        | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical                  |
| 3. <input type="checkbox"/> Feedlot               | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water        |
| 4. <input type="checkbox"/> Industrial            | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection               | 13. <input type="checkbox"/> 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 ..... 5 ..... in. to ..... 60 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... 16 ..... in. Weight ..... 160 ..... lbs./ft. Wall thickness or gauge No. ..... 26 .....

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 checked="" 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 checked="" type="checkbox"/> Key Punched | <input type="checkbox"/> Wire Wrapped  | <input type="checkbox"/> Saw Cut   | <input type="checkbox"/> None (Open Hole) |                                                |

SCREEN-PERFORATED INTERVALS: From 40 ft. to 60 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From 24 ft. to 100 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....  
Grout Intervals: From 15 ft. to 24 ft., From ..... ft. to ..... ft., From ..... 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? West Distance from well? 100' ft.

[illegible]

**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) 6/13/13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 611..... This Water Well Record was completed on (mo-day-year) 6/18/13 under the business name of Chase Drilling.....