

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u>		Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>27</u>	Township Number T <u>27</u> S	Range Number R <u>2</u> E (<u>W</u>)																																				
Distance and direction from nearest town or city street address of well if located within city? <u>Basement - 355 Wind Rows Lake Dr</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																						
2 WATER WELL OWNER: <u>Mark & Stella Hein</u> RR#, St. Address, Box # : <u>355 Wind Rows Lake Dr</u> City, State, ZIP Code : <u>Goddard KS 67052</u>																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto;"> <tr><td></td><td></td><td>X</td></tr> <tr><td>-- NW --</td><td></td><td>-- NE --</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>-- SW --</td><td></td><td>-- SE --</td></tr> <tr><td></td><td></td><td></td></tr> </table> S				X	-- NW --		-- NE --				-- SW --		-- SE --				4 DEPTH OF COMPLETED WELL ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well																								
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Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes No																																									
5 TYPE OF CASING USED: <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>6 Asbestos-Cement</td> <td>9 Other (specify below)</td> <td>CASING JOINTS: Glued..... Clamped.....</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>7 Fiberglass</td> <td></td> <td>Welded..... Threaded.....</td> </tr> </table> Blank casing diameter <u>5</u> in. to ft., Diameter. in. to ft., Diameter in. to ft. Casing height above land surface..... in., Weight lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 Stainless Steel</td> <td>5 Fiberglass</td> <td>7 PVC</td> <td>9 ABS</td> <td>11 Other (Specify)</td> </tr> <tr> <td>2 Brass</td> <td>4 Galvanized Steel</td> <td>6 Concrete tile</td> <td>8 RM (SR)</td> <td>10 Asbestos-Cement</td> <td>12 None used (open hole)</td> </tr> </table> SCREEN OR PERFORATION OPENINGS ARE: <table style="width:100%;"> <tr> <td>1 Continuous slot</td> <td>3 Mill slot</td> <td>5 Gauzed wrapped</td> <td>7 Torch cut</td> <td>9 Drilled holes</td> <td>11 None (open hole)</td> </tr> <tr> <td>2 Louvered shutter</td> <td>4 Key punched</td> <td>6 Wire wrapped</td> <td>8 Saw cut</td> <td>10 Other (specify)</td> <td></td> </tr> </table> SCREEN-PERFORATED INTERVALS: From..... ft. to ft., From ft. to ft. From..... ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From..... ft. to ft., From ft. to ft. From..... ft. to ft., From ft. to ft.						1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued..... Clamped.....	2 PVC	4 ABS	7 Fiberglass		Welded..... Threaded.....	1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC	9 ABS	11 Other (Specify)	2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)	1 Continuous slot	3 Mill slot	5 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)	2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw cut	10 Other (specify)			
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>4 Lateral lines</td> <td>7 Pit privy</td> <td>10 Livestock pens</td> <td>13 Insecticide storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>5 Cess pool</td> <td>8 Sewage lagoon</td> <td>11 Fuel storage</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>6 Seepage pit</td> <td>9 Feedyard</td> <td>12 Fertilizer storage</td> <td>15 Oil well/gas well</td> <td></td> </tr> </table> Direction from well? How many feet?						1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide storage	16 Other (specify below)	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well		3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well																			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5/22/14</u> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>628</u> This Water Well Record was completed on (mo/day/year) ... <u>5/22/14</u> under the business name of <u>JM Enterprises</u> by (signature) <u>[Signature]</u>																																									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																									