

Well ID

7

Well ID

1 LOCATION OF WATER WELL: County: Kingman		Fraction <div style="display: flex; justify-content: space-around;"> 1/4 1/4 NE 1/4 NE 1/4 </div>		Section Number <div style="display: flex; justify-content: space-around;"> 33 </div>		Township Number <div style="display: flex; justify-content: space-around;"> T 30 S </div>		Range Number <div style="display: flex; justify-content: space-around;"> R 10 E W </div>																																					
2 WELL OWNER: Last Name: DAVIS First: AMOLA Business: _____ Address: _____ Address: _____ City: _____ State: KS ZIP: _____				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"/> FROM NASHVILLE, 3 MILES SOUTH AND 3/4 EAST SOUTH INTO																																									
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF COMPLETED WELL: 100 ft. Depth(s) Groundwater Encountered: 1) 35 ft. 2) _____ ft. 3) _____ ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: _____ ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 4/15/17 <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: 75 gpm Bore Hole Diameter: 9.75 in. to 100 ft. and _____ in. to _____ ft.				5 Latitude: _____ (decimal degrees) Longitude: _____ (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____																																							
7 WELL WATER TO BE USED AS: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial </div> <div style="width: 50%;"> 5. <input checked="" type="checkbox"/> Public Water Supply: well ID _____ 6. <input checked="" type="checkbox"/> Dewatering: how many wells? _____ 7. <input checked="" type="checkbox"/> Aquifer Recharge: well ID _____ 8. <input checked="" 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 </div> <div style="width: 50%;"> 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): _____ </div> </div>																																													
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 diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft. Casing height above land surface _____ in. Weight SCH 160 lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input 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: 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.																																													
9 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. Nearest source of possible contamination: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Other (Specify) _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Seepage Pit </div> <div style="width: 33%;"> <input type="checkbox"/> Pit Privy <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Feedyard </div> <div style="width: 33%;"> <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Fertilizer Storage </div> <div style="width: 33%;"> <input type="checkbox"/> Insecticide Storage <input checked="" type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Oil Well/Gas Well </div> </div>																																													
Direction from well? EAST Distance from well? 20 ft.																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10 FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>TOPSOIL SANDY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>28</td> <td>IAN CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28</td> <td>45</td> <td>SAND WITH CLAY STRIPS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>100</td> <td>SAND AND GRAVELIAN</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 INTERVALS	0	5	TOPSOIL SANDY				5	28	IAN CLAY				28	45	SAND WITH CLAY STRIPS				45	100	SAND AND GRAVELIAN				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-yr) 4/15/17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 846 This Water Well Record was completed on (mo-day-yr) 5/11/17 under the business name of 4 BROTHERS LLC Signature _____																																													