

☐ Original Record    ☐ Correction    ☐ Change in Well Use

Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <u>Clark</u>		Fraction <u>1/4 SE 1/4 SE 1/4 SW 1/4</u>		Section Number <u>1</u>		Township Number <u>T 31 S</u>		Range Number <u>R 25 E 1/4 W</u>																																																																												
<b>2 WELL OWNER:</b> Last Name: _____ First: _____ Business: <u>Cimarron Bend Wind Farm</u> Address: <u>742 County Rd. H</u> Address: _____ City: <u>Minneola</u> State: <u>Ks.</u> ZIP: <u>67265</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: <input checked="" type="checkbox"/>																																																																																
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>130</u> ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>69</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) _____ <input checked="" type="checkbox"/> above land surface, measured on (mo-day-yr) <u>9/30/16</u> 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 1/8</u> in. to <u>130</u> ft. and _____ in. to _____ ft.				<b>5 Latitude:</b> _____ (decimal degrees) <b>Longitude:</b> _____ (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 type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____																																																																														
<b>6 Elevation:</b> _____ ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____																																																																																				
<b>7 WELL WATER TO BE USED AS:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">           1. Domestic:  <input type="checkbox"/> Household  <input type="checkbox"/> Lawn &amp; Garden  <input type="checkbox"/> Livestock            2. <input type="checkbox"/> Irrigation            3. <input type="checkbox"/> Feedlot            4. <input type="checkbox"/> Industrial         </div> <div style="width: 33%;">           5. <input type="checkbox"/> Public Water Supply: well ID _____            6. <input type="checkbox"/> Dewatering: how many wells? _____            7. <input type="checkbox"/> Aquifer Recharge: well ID _____            8. <input 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: 33%;">           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 checked="" type="checkbox"/> Other (specify): <u>Office</u> </div> </div>																																																																																				
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____ <b>Water well disinfected?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																				
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter _____ in. to <u>130</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface _____ in. Weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 21</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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 type="checkbox"/> None used (open hole)																																																																																				
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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)																																																																																				
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>90</u> ft. to <u>130</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From <u>24</u> ft. to <u>130</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																				
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																				
<b>Nearest source of possible contamination:</b> <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 checked="" type="checkbox"/> Other (Specify) <u>None observed</u> </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 type="checkbox"/> Abandoned Water Well  <input type="checkbox"/> Oil Well/Gas Well         </div> </div>																																																																																				
Direction from well? _____ Distance from well? _____ ft.																																																																																				
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<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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-year) <u>9/30/16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>333</u> This Water Well Record was completed on (mo-day-year) <u>10/31/16</u> under the business name of <u>Jantzen Water Well</u> Signature _____																																																																																				
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015																																																																																				