

☒ Original Record ☐ Correction ☐ Change in Well Use

Well ID

1 LOCATION OF WATER WELL: County: <u>Sumner</u>		Fraction <u>1/4 SW 1/4 NW 1/4 NW 1/4</u>		Section Number <u>28</u>		Township Number <u>T 31 S</u>		Range Number <u>R 4 E W</u>																															
2 WELL OWNER: Last Name: <u>Simon</u> Business: _____ Address: <u>109 N. Pine St</u> Address: _____ City: <u>Argonia</u> State: <u>KS</u> ZIP: <u>67004</u>		First: <u>DAVE</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 type="checkbox"/> <u>5 miles North of Argonia, KS to SD 73</u> <u>Then east 1/4 mile & south to well</u>																																			
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100px; height:100px; text-align: center; border-collapse: collapse;"><tr><td></td><td></td><td></td></tr><tr><td>X</td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> W S E -----1 mile-----					X									4 DEPTH OF COMPLETED WELL: <u>65</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>13</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>10-21-13</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>10 3/8</u> in. to <u>4 1/2</u> in. and _____ in. to _____ in.		5 Latitude: _____ (decimal degrees) Longitude: _____ (decimal degrees) 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: _____																							
X																																							
6 Elevation: _____ 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 _____																																							
7 WELL WATER TO BE USED AS:																																							
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 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 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): _____																																							
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 <u>5"</u> in. to <u>4 1/2"</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>24</u> in. Weight <u>1600</u> 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 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)																																							
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 <u>45</u> ft. to <u>65</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>65</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																							
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From <u>2-0</u> ft. to <u>0</u> 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 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? <u>999</u> Distance from well? <u>999</u> ft.																																							
10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">0</td> <td style="width:10%;">5</td> <td style="width:40%;">Brn. Sandy/Clay top soil</td> <td style="width:10%;">FROM</td> <td style="width:10%;">TO</td> <td style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</td> </tr> <tr> <td>5</td> <td>45</td> <td>Red shale / grey shale mix</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>45</td> <td>Crack in shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>50</td> <td>50</td> <td>1' "</td> <td></td> <td></td> <td></td> </tr> <tr> <td>50</td> <td>65</td> <td>Red & grey shale mix</td> <td></td> <td></td> <td></td> </tr> </table>										0	5	Brn. Sandy/Clay top soil	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	5	45	Red shale / grey shale mix				45	45	Crack in shale				50	50	1' "				50	65	Red & grey shale mix			
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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-year) <u>10-21-13</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>672</u> This Water Well Record was completed on (mo-day-year) <u>10-30-13</u> under the business name of <u>Crowd's Water Well Serv.</u>																																							
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																																							