

☐ Original Record ☐ Correction ☐ Change in Well Use

Well ID

1 LOCATION OF WATER WELL: County: <u>Osborne</u>		Fraction <u>1/4 SE 1/4 NW 1/4 SW 1/4</u>		Section Number <u>23</u>		Township Number T <u>9 S</u>		Range Number R <u>14 E</u> <input checked="" type="checkbox"/> W																	
2 WELL OWNER: Last Name: <u>Schultze</u> First: <u>Justin</u> Business: _____ Address: <u>1990 W 2174 DR</u> Address: _____ City: <u>W100</u> State: <u>KS</u> ZIP: <u>67673</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"/>																					
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100px; height:100px; text-align: center; margin: 10px auto;"> <tr><td></td><td></td><td></td></tr> <tr><td>-- NW --</td><td></td><td>-- NE --</td></tr> <tr><td>W</td><td><div style="text-align: center;">X</div></td><td>E</td></tr> <tr><td>-- SW --</td><td></td><td>-- SE --</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td></tr> </table> -----1 mile-----					-- NW --		-- NE --	W	<div style="text-align: center;">X</div>	E	-- SW --		-- SE --				S			4 DEPTH OF COMPLETED WELL: <u>100</u> ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input checked="" type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>0</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>8-10-15</u> <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: _____ gpm Bore Hole Diameter: _____ in. to _____ ft. and _____ in. to _____ ft.		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: _____			
-- NW --		-- NE --																							
W	<div style="text-align: center;">X</div>	E																							
-- SW --		-- SE --																							
S																									
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 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 _____ 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: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <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 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 checked="" 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 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 <u>100</u> ft. to <u>5</u> 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? _____ Distance from well? _____ ft.																							
10 FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHO. LOG (cont.) or PLUGGING INTERVALS															
<u>0</u>		<u>3</u>		<u>TOP SOIL</u>		<u>100</u>		<u>5</u>		<u>Make Plug Bentonite chips</u>															
<u>3</u>		<u>20</u>		<u>Brown clay + Broken Limestone</u>		<u>5</u>		<u>0</u>		<u>TOP SOIL</u>															
<u>20</u>		<u>40</u>		<u>Blue clay, shale</u>																					
<u>40</u>		<u>100</u>		<u>B. shale</u>																					
						Notes:																			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>8-10-15</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>776</u> This Water Well Record was completed on (mo-day-year) <u>8-17-15</u> under the business name of <u>Rainey Water Well</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																									