

☐ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <u>Osburne</u>		Fraction: <u>1/4 SW 1/4 NW 1/4 SW 1/4</u>	Section Number: <u>23</u>	Township Number: <u>T 9 S</u>	Range Number: <u>R 14 E W</u>																																				
<b>2 WELL OWNER:</b> Last Name: <u>Schultze</u> First: <u>Justin</u> Business: Address: <u>1990 W. 27th Dr</u> City: <u>HIA 100</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"/>																																						
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align: center;">N   +---NW---+NE---+   W         E   +---SW---+SE---+   S  -----1 mile----- </div>		<b>4 DEPTH OF COMPLETED WELL:</b> ..... <u>53</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>32</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr)..... <u>8-7-15</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: ..... <u>3</u> gpm Bore Hole Diameter: ..... <u>8</u> in. to ..... <u>53</u> ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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 <b>Source:</b> <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>																																									
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																																									
<b>8 TYPE OF CASING USED:</b> <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>53</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.																																									
Casing height above land surface ..... <u>14</u> in. Weight ..... lbs./ft. Wall thickness or gauge No. .... <u>SDR 26</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 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 checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)																																									
SCREEN-PERFORATED INTERVALS: From ..... <u>53</u> ft. to ..... <u>30</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																									
GRAVEL PACK INTERVALS: From ..... <u>53</u> ft. to ..... <u>20</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 ..... ft. to ..... ft., From ..... <u>20</u> ft. to ..... <u>0</u> ft., From ..... ft. to ..... ft.																																									
<b>Nearest source of possible contamination:</b> <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.																																									
<b>10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) OR PLUGGING INTERVALS</b>																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">LITHO. LOG (cont.) OR PLUGGING INTERVALS</th> </tr> <tr> <td>0</td> <td>3</td> <td>TOPSOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>20</td> <td>Limestone + clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>40</td> <td>Limestone, Gray Rock, sandy, blue</td> <td></td> <td></td> <td></td> </tr> <tr> <td>40</td> <td>53</td> <td>Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px; vertical-align: top;"><b>Notes:</b></td> </tr> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) OR PLUGGING INTERVALS	0	3	TOPSOIL				3	20	Limestone + clay				20	40	Limestone, Gray Rock, sandy, blue				40	53	Shale				<b>Notes:</b>					
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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>8-7-15</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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 9/10/2012																																									