



Division of Water  
Resources App. No.

Well ID

|   |          |                                 |  |                          |                          |   |  |  |  |
|---|----------|---------------------------------|--|--------------------------|--------------------------|---|--|--|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Osborne   |          | Fraction<br>NW ¼ SW ¼ SW ¼ SW ¼ | Section Number<br><b>7</b>   | Township Number<br>T 9 S | Range Number<br>R 15 E W |   |  |  |  |
| <b>2 WELL OWNER:</b> Last Name: Petacolas First: cynthia<br>Business:<br>Address: po box 117<br>City: Damar State: ks ZIP: 67632  |          |                                 | 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"/><br>woodston ks |                          |                          |   |  |  |  |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><div style="text-align:center;"><table border="1" style="margin:auto; width:100px; height:100px;"> <tr><td>-- NW --</td><td>-- NE --</td></tr> <tr><td>-- SW --</td><td>-- SE --</td></tr> </table></div><br>S<br>-----1 mile-----<br>W X E   |          | -- NW --                        | -- NE --   | -- SW --                 | -- SE --                 | <b>4 DEPTH OF COMPLETED WELL:</b> ..... 28 ..... ft.<br>Depth(s) Groundwater Encountered: 1) ..... 16 ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... 22 ..... ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 09/15/2016<br><input type="checkbox"/> above land surface, measured on (mo-day-yr).....<br>Pump test data: Well water was ..... ft.<br>after..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after..... hours pumping ..... gpm<br>Estimated Yield: ..... 10 ..... gpm<br>Bore Hole Diameter: ..... 8 ..... in. to ..... 28 ..... ft. and<br>..... in. to ..... ft. |  | <b>5 Latitude:</b> ..... 39.2798 .....(decimal degrees)<br><b>Longitude:</b> ..... 99.0470 .....(decimal degrees)<br>Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: ..... )<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |  |
| -- NW --  | -- NE -- |                                 |  |                          |                          |   |  |  |  |
| -- SW --  | -- SE -- |                                 |  |                          |                          |   |  |  |  |
| <b>6 Elevation:</b> 2054 .....ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input checked="" type="checkbox"/> Other KOLAR  |          |                                 |  |                          |                          |   |  |  |  |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>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: .....<br>Water well disinfected? <input type="checkbox"/> Yes <input checked="" 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<br>Casing diameter ..... 5 ..... in. to ..... 28 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface ..... 12 ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. 40sch<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><input checked="" 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) .....<br><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)<br><b>SCREEN-PERFORATED INTERVALS:</b> From ..... 8 ..... ft. to ..... 28 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From ..... 0.8 ..... ft. to ..... 2.8 ..... 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 .....<br>Grout Intervals: From ..... 0 ..... ft. to ..... 8 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>Nearest source of possible contamination:</b><br><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<br><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<br><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<br><input type="checkbox"/> Other (Specify) .....<br>Direction from well? ..... Distance from well? ..... ft.  |          |                                 |  |                          |                          |   |  |  |  |
| <b>10 FROM</b>  |          | <b>TO</b>                       | <b>LITHOLOGIC LOG</b>  | <b>FROM</b>              | <b>TO</b>                | <b>LITHO. LOG (cont.) or PLUGGING INTERVALS</b>   |  |  |  |
| 0   |          | 5                               | top soil   |                          |                          |   |  |  |  |
| 5   |          | 10                              | med rock and sand  |                          |                          |   |  |  |  |
| 10  |          | 20                              | med rock limestone and med sand  |                          |                          |   |  |  |  |
| 20  |          | 28                              | blue shale   |                          |                          |   |  |  |  |
|   |          |                                 |  | <b>Notes:</b>            |                          |   |  |  |  |
|   |          |                                 |  |                          |                          |   |  |  |  |
|   |          |                                 |  |                          |                          |   |  |  |  |
|   |          |                                 |  |                          |                          |   |  |  |  |
|   |          |                                 |  |                          |                          |   |  |  |  |
| <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) 09/15/2016..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 912..... This Water Well Record was completed on (mo-day-year) 09/15/2016.....<br>under the business name of Terry Davis   |          |                                 |  |                          |                          |   |  |  |  |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.<br>KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.<br>Visit us at http://www.kdheks.gov/waterwell/index.html  |          |                                 |  |                          |                          |   |  |  |  |