WATER WELL RECORD Form W					Division of Water				
	Original Record Correction Change in Well Use				Resources App. No. Well ID				
1 LOCATION OF WATER WELL: Fraction County: Rice Fraction 14 NW 14 NW					Section Number Township Number Range Number Range Number T 20 S R 9 \sqcap E \blacksquare W				
County: Rice ¼ NW ¼ NW ¼ SE ¼ 6 T 20 S R 9 □ E ■ W 2 WELL OWNER: Last Name: Deutsch First: Galen Street or Rural Address where well is located (if unknown, distance and									
Business		Last Name. DC	utour	riist. Galeii	direction from nearest town or intersection): If at owner's address, check here:				
Address:	785 Ave	nue N							
Address:	City: Chase State: KS ZIP: 67524					1/2 South, 1/4 West of Chase			
3 LOCAT									
WITH "				IPLETED WELL:				(decimal degrees)	
1	SECTION BOX: Depth(s) Groundwater Encountered: 1) 2)					Louisian desired			
	WELL'S STATIC WATER LEVEL:					☐ Dry Well 8ft. Source for Latitude/Longitude: Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27			
	below land surface, measured on (mo-					C G	PS (unit make/model:	<u>.</u>)	
NW	NW NE					yr) (WAAS enabled? ☐ Yes ☐ No)		Yes No)	
w		Pump test d	ata: Well v	vater wass pumping					
	Well water				gpin ft	☐ Online Mapper:			
SW	SE	after	hour	s pumping	. gpm				
Estimat			mated Yield: 230gpm			6 Elevation:ft. Ground Level TO		. Ground Level TOC	
1		Bore Hole Diameter:28 in. to57			d Source: Land Survey GPS Topographic Map Other				
mile in. to									
1. Domestic: 5. Public Water Supply: well ID									
	Household 6. Dewatering: how many wells?								
	Lawn & Garden 7. Aquifer Recharge: well ID								
2. Irrigat	Livestock 8. ☐ Monitoring: well ID						12. Geothermal: how many bores?		
3. Feedlo							a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water		
	4. ☐ Industrial ☐ Recovery ☐ Injection					13. ☐ Oti	13. Other (specify):		
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:									
Water well disinfected? Wes DNo									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
Casing height above land surface 18 in. Weight Sch 40 lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Brass ☐ Galvanized Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From									
Grout Intervals: From									
Nearest source of possible contamination:									
Septic			Lateral Line	es Pit Privy		Livestock Per		cide Storage	
Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well									
Other (Specify) None.									
Direction from well? Distance from well?									
10 FROM	10	I	ITHOLOG	GIC LOG	FROM	TO	LITHO. LOG (cont.) or	PLUGGING INTERVALS	
0		Top soil			-				
15		Tan clay Tan clay w/ c	caliche			-			
30		Fine sand &		vol					
41		Brown clay	ornan yra	VCI		1			
47		Gray, green	clav		 				
						Notes:			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) 4-17-2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 134 This Water Well Record was completed on (mo-day-year) 4-30-2020									
under the business name of Rosencrantz: Demis Entinc Signature Care 11 4 4 4									
Mail I 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.									
1000	SW Jackson S	t., Suite 420, Top	oeka, Kansas	66612-1367. Mail one to	Water Well Ov	vner and retain on	e for your records. Teleph	none 785-296-5524.	
Visit us at here swew kidneks gov/waterwetl/index.html KSA 82a-1212 Revised 7/10/2015									