

☐ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <u>Phillips</u>		Fraction <u>SW</u> <u>NW</u> <u>SW</u>		Section Number <u>24</u>		Township Number <u>T 5 S</u>		Range Number <u>R 19 E</u>																																					
<b>2 WELL OWNER:</b> Last Name: <u>Cise</u> First: <u>Mary</u> Business: <u>2227 W 400 Rd</u> Address: <u>Phillipsburg</u> State: <u>Ks</u> ZIP: <u>67661</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>6 Miles S of Speed</u>																																									
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N W E S -----1 mile-----		<b>4 DEPTH OF COMPLETED WELL:</b> <u>91</u> ft. Depth(s) Groundwater Encountered: 1) <u>60</u> ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>60</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) <u>7-21-14</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) <u>7-21-14</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: <u>5</u> gpm Bore Hole Diameter: <u>10</u> in. to _____ 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): _____																																													
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <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 _____ <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter <u>5</u> in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>30</u> in. Weight _____ lbs./ft. Wall thickness or gauge No. _____																																													
<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 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) _____ <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)																																													
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>91</u> ft. to <u>71</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From <u>91</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 <u>20</u> ft. to <u>0</u> ft., From _____ ft. to _____ 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) <u>pasture</u>																																													
Direction from well? _____ Distance from well? _____ ft.																																													
<table border="1"><thead><tr><th>10 FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>18</td><td>soil</td><td></td><td></td><td></td></tr><tr><td>18</td><td>25</td><td>hard rock</td><td></td><td></td><td></td></tr><tr><td>25</td><td>45</td><td>sand</td><td></td><td></td><td></td></tr><tr><td>45</td><td>80</td><td>clay</td><td></td><td></td><td></td></tr><tr><td>80</td><td>86</td><td>shale</td><td></td><td></td><td></td></tr></tbody></table>										10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	18	soil				18	25	hard rock				25	45	sand				45	80	clay				80	86	shale			
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<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-yr) <u>7-21-14</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>800</u> This Water Well Record was completed on (mo-day-yr) <u>7-28-14</u> under the business name of <u>Gottschalk well Drilling</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																																													

246 County Road  
Speed, KS 67661

Thursday, July 31, 2014

Kansas Department of Health and Environment  
Bureau of Water  
Geology Section  
1000 SW Jackson St  
Suite 420  
Topeka, KS 66612-1367

To Whom It May Concern:

Attached is a copy of the Water Well Record. My well driller misspelled my name  
– should be Mary Cates NOT Case – please correct this in your records.

Thanks,

A handwritten signature in black ink that reads "Mary Cates". The signature is written in a cursive style with a large, stylized "M" and "C".

Mary Cates