

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. [redacted]

1 LOCATION OF WATER WELL: County: Phillips Fraction: NW 1/4 NW 1/4 NE 1/4 Section Number: 12 Township Number: T 2 S Range Number: R 19 E/W

Distance and direction from nearest town or city street address of well if located within city? _____

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: The City of Phillipsburg
 RR#, St. Address, Box #: P.O. Box 447
 City, State, ZIP Code: Phillipsburg, KS 67661-0447

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

--NW--	X	--NE--	
--SW--		--SE--	

4 DEPTH OF COMPLETED WELL: 104 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL: 64 1/2 ft. below land surface measured on mo/day/yr. 8-31-05
 Pump test data: Well water was 68 ft. after 2 hours pumping 3 gpm
 Est. Yield: _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr
 Sample was submitted: _____ Water well disinfected? Yes _____ No _____

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued Clamped _____
 2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 _____ Threaded _____

Blank casing diameter: 2 in. to 7 1/4 ft., Diameter: 2" in. to 9 1/2 ft., Diameter: _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight: _____ lbs./ft. Wall thickness or guage No. 1875

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5. Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 7 1/4 ft. to 9 1/4 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 25 ft. to 104 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 0 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	9	Silty brown clay	0	25	Bentonite holeplug
9	13	Grey silty clay			
13	21	Red-brown silty clay			
21	29	Sandy clay with tan clay streaks			
29	43	Red silty clay w/ limestone mix			
43	50	Cemented sand w/ limestone mix			
50	61	Silty clay w/ sand mix			
61	66	Cemented sand w/ tan clay			
66	88	Fine-coarse sand w/ clay streaks			
88	103	Yellow clay w/ weathered bedrock			
103	104	Limestone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 08-17-05 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 102 This Water Well Recored was completed on (mo/day/year) 10/13/05
 Under the business name of LAYNE-WESTERN by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.