| 165 WATER | 8576 WELL | Well #3 RECORD | Corrected Cop Form WWC | | Division of Water | r Resources, App. No. | 44,633 | |
|---|--|--|---|--------|---|-----------------------|--------------------------|--|
| | TION OF ty: Phillip | WATER WELL: | Fraction NW 1/4 NW 1/4 | NE 1/4 | Section Number 8 | Township Number | Range Number R 19 E W | |
| Distance and direction from nearest town or city street address of well if located within city? Approximately 3 1/4 miles south and 2 1/2 miles east of Long Island | | | | | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.900222 Longitude: -99.48626 | | | |
| 2 WATER WELL OWNER: Phillips County Rural District #1 | | | | | Elevation: Unknown | | | |
| RR#, St. Address, Box # : 276 W. State Street | | | | | Datum: NAD83 | | | |
| City, State, ZIP Code : Phillipsburg, KS 67661 | | | | | Data Collection Method: WAAS GPS Unit | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION POY. WELL'S STATIC WATER LEVEL 156 ft. (2) ft. (3) WELL'S STATIC WATER LEVEL 120 ft. below land surface measured on models. | | | | | | | | |
| | | | | | | | ft, | |
| 1 | THE FILL BUILDING THE PROPERTY OF THE PROPERTY | | | | | | | |
| | N X | Pump test data: Well water was Not checked ft. after hours pumping gpm Est. Yield Unknown gpm: Well water was ft. after hours pumping gpm | | | | | | |
| NM | 1 ' | | WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | |
| W | | | | | | | Other (Specify below) | |
| | | | | | | | | |
| | | | | | | | If yes, mo/day/yrs | |
| Sample was submitted Water well disinfected? Yes V No | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued V Clamped | | | | | | | | |
| 1 | | | | | ify below) | Welded | ••••• | |
| (2) F | Threaded | | | | | | | |
| Blank casing diameter 8 in. to 134 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12 in., weight 8.25 lbs./ft. Wall thickness or gauge No | | | | | | | | |
| Casing height above land surface 12 in., weight 8.25 lbs./ft. Wall thickness or gauge No. 500 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 Gauzed 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 134 ft. to 155 156 ft., From ft. to ft. | | | | | | | | |
| From ft. to ft., From ft. to | | | | | | | ft. | |
| GRAVEL PACK INTERVALS: From 100 ft. to 155- 156 ft., From ft. to ft. | | | | | | | | |
| From 26 ft. to 80 ft., From ft. to ft. 6 GROUT MATERIAL: 1 Neat Cement (2) Cement grout 3 Bentonite (4) Other Bentonite Holeplug | | | | | | | | |
| Compacted Soil | | | | | | | | |
| Grout Intervals: From 0-6 ft. to ft., From 6-26 ft. to ft., From 80-100 ft. to ft. What is the nearest source of possible contamination: 1. Servic task 4. Lateral lines 7. Pit privy 10. Livestock pens 13. Insecticide Storage (16) Other (specify) | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage (16) Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well None known | | | | | | | | |
| Direction from well? How many feet? | | | | | | | | |
| FROM | ТО | LITHOLO | GIC LOG | FROM | 1 TO | PLUGGING INT | ERVALS | |
| 0 4 | 26 | Topsoil Clay, gray | | - | | | | |
| 26 | 100 | Cemented sand and | d clay | - | | | | |
| 100 | 113 | Sand and clay | | | | | | |
| 113 | 124 | Clay, and some sar | | | | | | |
| 124 149 | 149 156 155 - | Sand and gravel, fit Cemented sand, so | | | | | | |
| 143 | 130 100 | Centented Sand, Sc | | | | | | |
| | | | | | | | | |
| | | | | | | | .1 | |
| 7.000 | TRACTOI | HE OR LANDOWNER | NC CERTIFICATION. | | | (2) | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 07-11-07 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 07-17-07 | | | | | | | | |
| Under the business name of Clarke Well & Equipment, Inc. by (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. | | | | | | | | |