

PHILLIPS #1

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>BARBER</u>	<u>SE 1/4 HW 1/4 NW 1/4</u>	<u>27</u>	<u>T 32 S</u>	<u>R 10 EW</u>

Distance and direction from nearest town or city? SHARON 1/2 MI SOUTHWEST

Street address of well if located within city?

2 WATER WELL OWNER: D.R. LAUCK OIL CO. INC.  
 RR#, St. Address, Box #: 2215 BROADWAY SUITE 400  
 City, State, ZIP Code: WICHITA KS 67202

Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: 45 ft. Bore Hole Diameter: 9 in. to 45 ft., and ..... in. to ..... ft.

Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden only 10 Observation well

Well's static water level: 6 ft. below land surface measured on aug month 19 day 1980 year

Pump Test Data NONE: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued ✓ Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded .....

Blank casing dia: 5 in. to 25 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface: 12 in., weight 26.5 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) .....

Screen or Perforation Openings Are: 1/8  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) .....

Screen-Perforation Dia: 5 in. to 45 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Screen-Perforated Intervals: From 25 ft. to 45 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 20 ft. to 45 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grouted Intervals: From 0 ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: NONE  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)  
 13 Watertight sewer lines

Direction from well ..... How many feet ..... ? Water Well Disinfected? Yes ..... No ✓

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No ✓

If Yes: Pump Manufacturer's name ..... Model No. .... HP ..... Volts .....

Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on Aug month 19 day 1980 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 389

This Water Well Record was completed on Aug month 27 day 1980 year under the business name of MYERS WATER WELL SERVICE by (signature) Rudolph Meier

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>15</u>	<u>SOIL</u>			
<u>15</u>	<u>45</u>	<u>GRAVEL</u>			

ELEVATION:

Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T  
32  
R  
10  
EW  
SEC  
27  
SE 1/4  
NW 1/4  
NW 1/4

X X