

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Phillips</b>	SE ¼ NE ¼ NW ¼	27	T 3 S	R 18 <b>E/W</b>

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

2 blk N 'A' Str. W to curve, edge of Rd, Phillipsb

2 WATER WELL OWNER: **Farmland Industries, Inc.**  
 RR#, St. Address, Box # : **P.O. Box 7305, Dept. 141**  
 City, State, ZIP Code : **Kansas City, Missouri 64116-0005**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL . . . . . 49.7 . . . . . ft ELEVATION: . . . . . 999.
	Depth(s) Groundwater Encountered 1 . . . . . 39.5 . . . . . ft 2 . . . . . ft 3 . . . . . ft
	WELL'S STATIC WATER LEVEL . . . . . 999 . . . . . ft below land surface measured on mo/day/yr . . . . .
	Pump test data: Well water was . . . . . NA . . . . . ft after . . . . . hours pumping . . . . . gpm
	Est. Yield . . . . . NA . . . . . gpm: Well water was . . . . . ft after . . . . . hours pumping . . . . . gpm
	Bore Hole Diameter . . . . . 8 . . . . . in. to . . . . . 49.7 . . . . . ft, and . . . . . in. to . . . . . ft
	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 Lawn and garden only <b>10</b> Monitoring well
	Was a chemical/bacteriological sample submitted to Department: Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted
	Water Well Disinfected? Yes No <input checked="" type="checkbox"/>

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued . . . . . Clamped . . . . .
<b>2</b> PVC	4 ABS	7 Fiberglass		Welded . . . . .
				Threaded. <input checked="" type="checkbox"/>

Blank casing diameter . . . . . 2 . . . . . in. to . . . . . 34.3 . . . . . ft, Dia . . . . . in. to . . . . . ft, Dia . . . . . in. to . . . . . ft

Casing height above land surface . . . . . 0 . . . . . in., weight . . . . . Sch 40 . . . . . lbs./ft. Wall thickness or gauge No. . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL

1 Steel	3 Stainless steel	5 Fiberglass	<b>7</b> PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) . . . . .
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<b>3</b> 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-PERFORATED INTERVALS: From . . . . . 34.3 . . . . . ft to . . . . . 49.3 . . . . . ft, From . . . . . ft to . . . . . ft

GRAVEL PACK INTERVALS: From . . . . . 31.9 . . . . . ft to . . . . . 49.7 . . . . . ft, From . . . . . ft to . . . . . ft

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

Grout intervals: From . . . . . 0 . . . . . ft to . . . . . 2 . . . . . ft, From . . . . . 2 . . . . . ft to . . . . . 31.9 . . . . . 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	<b>16</b> Other (specify below)
			13 Insecticide storage	Refinery . . . . .

Direction from well? How many feet? 0

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay, Dark Grayish Brown			
3	12	Silt, Yellow Brown			
12	16.8	Silt, Very Dark Brown			
16.8	21	Silt, Very Pale Brown			
21	29.8	Sand, Very Pale Brown			
32	34	Sand, Yellow Brown			
34	36.5	Silt, Dark Brown			
36.5	38.1	Silt, Yellow Brown			
38.1	38.4	Sand, Yellow Brown			
38.4	39.5	Silt, Yellow Brown			
39.5	42	Sand, Olive Gray			
42	49.7	Clay, Pale Yellow			
					IM-7, Flushmount
					Project Name: Phillipsburg Refinery
					GeoCore # 138, #

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) . . . . . 5/8/97 . . . . . and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. . . . . 527 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 7-8-97 . . . . . under the business name of **GeoCore Services, Inc.** by (signature) *Dale A. Roll*

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, Topeka, Kansas 66820-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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