| | | WATER WELL | RECORD Form WWC- | 5 KSA 82a | -1212 ID N | 0 | | | |
|--|---------------------------|--|-------------------------------------|--|-----------------------|---|--|-----------------------------|--|
| 1 LOCA County: | hillip | ATER WELL: Fraction | |) Se | ction Number | Township N | lumber S | Range Number | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | |
| 12 mile south of Hay 183 and Hary 36 jet, east ly mile 2 WATER WELL OWNER: DAVID & PAM IMM | | | | | | | | | |
| Z WAIE | NVELL OV | DAVIDE PAM | IMM | | | | | | |
| City, State | ddress, Box , ZIP Code | Phillipsbu | Rg, KS 6766 | KS 67661 | | | Board of Agriculture, Division of Water Resources Application Number: | | |
| | | OCATION WITH 4 DEPTH (| | | | | | | |
| AN "X" I | N SECTION N | Dopario a | iroundwater Encountered | 1 | ft. | . 2 | ft. 3 . | 2-20-01 ft. | |
| WELL'S STATIC WATER LEVEL | | | | | | | | | |
| | -NW | Est. Yield. | /O gpm: Well wa | | | | | | |
| _ | 1 | WELL WAI | | 5 Public water | | 8 Air conditionin | , | ection well | |
| W 1 E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | |
| | | | | | | | | | |
| X | | | | | | | | | |
| | 1 | was a crie | micai/bactenologicai samp | ie submitted to | | res No r ater Well Disinfect | | No | |
| 100 | | | | | | | | | |
| 5 TYPE | OF BLANK | CASING USED: | 5 Wrought iron | 8 Concr | oto tilo | CARING | MMTQ: Clued | Clamped | |
| 1 Ste | | 3 RMP (SR) | 6 Asbestos-Cement | | (specify below | | | d | |
| PVC | | 4 ABS | 7 Fiberglass | | •••••••• | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ded | |
| Blank casi | ng diamete | ′in. to | | | | | | ft. | |
| | | and surface | in., weight | | | lbs./ft. Wall thickn | ess or guage | No | |
| | | R PERFORATION MATERIA | | rglass 8 RMP (SR) | | 10 Asbestos-Cement | | | |
| 1 Ste 2 Bra | | 3 Stainless Steel 4 Galvanized Steel | 5 Fiberglass | 5 Fiberglass 8 R 6 Concrete tile 9 Al | | | Other (Specify)2 None used (open hole) | | |
| | | | | | | | , , | • | |
| | on FENFO | RATION OPENINGS ARE: | | iazed wrapped re wrapped | | 8 Saw cut 9 Drilled holes | | 11 None (open hole) | |
| | vered shutt | | | rch cut | | | | ft. | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| OOTTELL | | | ft. to | | ft., From | *************************************** | ft. to . | ft. | |
| | GRAVEL PA | | ft. to | | | | | | |
| | | From | ft. to | | ft., From | | ft. to . | tt. | |
| 6 GROU | JT MATERI. | AL: 1_Neat cement | 2 Cement grout | 3 Ber | itonite 4 | 1 Other | | | |
| Grout Inte | rvals: Fro | m20 ft. to | ft., From | | | ft., From | | . ft. toft. | |
| What is the nearest source of possible contamination: | | | | | Q Livestock pens | | 14 Abandoned water well | | |
| 1 Septic tank 4 Lateral lines | | 4 Lateral lines | 7 Pit priv | 7 Pit privy | | torage | 15 Oil well/Gas well | | |
| 2 Sewer lines 5 Cess pool | | 5 Cess pool | 8 Sewag | 8 Sewage lagoon | | 12 Fertilizer storage | | 16 Other (specify below) | |
| | 9 | er lines 6 Seepage pit | 9 Feedy | 9 Feedyard | | 3 Insecticide storage | | | |
| Direction f | | West | | | How man | y feet? /50 | | | |
| FROM | TO | | OGIC LOG | FROM | то | PL | UGGING INT | ERVALS | |
| 0 | 5 | Dlack Soil | | | | | | | |
| 3 | 30 | Clay | | | | | | | |
| 30 | 37 | Sma(PINE) | 1 = 6.7 | | | | | | |
| 37 | 1.5 | sma grave | el, shale | | | | | | |
| | D | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 7 CONTR | ACTOR'S | OR LANDOWNER'S CERTIE | ICATION: This water wall | was In constr | ructed 201 reco | instructed or (2) | nlunned und | er my jurisdiction and was | |
| 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) and this record is true to the best of my knowledge and belief. Kansas | | | | | | | | | |
| Water Well Contractor's Licence No | | | | | | | | | |
| under the b | usiness nar | ne of Kelwaer W | Lett Secured. | | • | signature) | unt | Donwe. | |
| INSTRUC | TIONS: Use typ | ewriter or ball point pen. PLEASE PRE | SS FIRMLY and PRINT clearly. Ple | ase fill in blanks, un | derline or circle the | correct answers. Send | op three copies to | Kansas Department of Health | |
| and Enviro | nment, Bureau | of Water, Geology Section, 1000 SW a each constructed welf. | lackson St., Suite 420, Topeka, Kar | nsas 66612-1367. Te | elephone 785-296-5 | 522. Send one to WATE | R WELL OWNER | and retain one for your | |