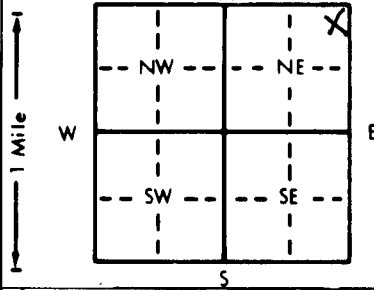


1 LOCATION OF WATER WELL: County: <u>Phillips</u>		Fraction NE 1/4 NE 1/4 NE 1/4		Section Number <u>27</u>	Township Number T 3 S	Range Number R 18 <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Intersection of Cable Road & Hwy. 183. Phillipsburg, KS PCA-16</u>						
2 WATER WELL OWNER: <u>Phillipsburg Coop Assoc.</u> RR#, St. Address, Box # : <u>P.O. Box 624</u> City, State, ZIP Code : <u>Phillipsburg, Ks.</u> 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: <u>.51</u> ft. ELEVATION: <u>1949.86 (PVC)</u>				
		Depth(s) Groundwater Encountered 1. <u>46</u> ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
Bore Hole Diameter. <u>7 5/8</u> in. to <u>51</u> ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
1 Domestic		3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)	
2 Irrigation		4 Industrial	7 Lawn and garden only	<u>10</u> Monitoring well		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>XX</u> If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes _____ No <u>XX</u>						
5 TYPE OF BLANK CASING USED:						
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____	
<u>2</u> PVC		4 ABS	7 Fiberglass		Welded _____ Threaded <u>XX</u>	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel	5 Fiberglass	<u>7</u> 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		<u>3</u> 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 <u>51</u> ft. to <u>26</u> ft., From _____ ft. to _____ ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From <u>51</u> ft. to <u>23</u> ft., From <u>X</u> ft. to <u>X</u> ft.						
From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement <u>2</u> Cement grout <u>3% bent</u> <u>3</u> Bentonite 4 Other _____						
Grout Intervals: From <u>21</u> ft. to <u>0</u> (2) ft., From <u>23</u> ft. to <u>21</u> (3) ft., From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank		4 Lateral lines	7 Pit privy	<u>11</u> Fuel storage	14 Abandoned water well	
2 Sewer lines		5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well	
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below) _____	
Direction from well? <u>South</u> How many feet? <u>300</u>						
FROM		TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10		Light brown silt			
10	15		Light brown silt			
15	20		Brown silt			
20	25		Brown sand			
25	30		Brown sand			
30	35		Brown clayey sand			
35	40		Gray sand			
40	45		Gray sand			
45	51		Gray sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>04-28-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>07-31-92</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>Don Bell</u>						
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						