

WATER WELL RECORD Form WWC-5 KSA 82a-1212

| | | | | |
|-------------------------|-----------------------------|----------------|-----------------|-----------------|
| LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| my: <u>Phillips</u> | <u>SE 1/4 SE 1/4 SE 1/4</u> | <u>22</u> | <u>T 3 S</u> | <u>R 18 E/W</u> |

Place and direction from nearest town or city street address of well if located within city?
Farm Road 193 N

WATER WELL OWNER: Farmers Petroleum Refining Division
 #, St. Address, Box #: Hwy 193 N, P.O. Box 608
 State, ZIP Code: Phillipsburg, KS 67461

Board of Agriculture, Division of Water Resources
Application Number:

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

| | |
|--|---|
| | DEPTH OF COMPLETED WELL: <u>42</u> ft. ELEVATION: <u>1944.6</u> Depth(s) Groundwater Encountered 1. <u>32</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <u>34.79</u> ft. below land surface measured on mo/day/yr <u>08/06/92</u> 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>24</u> in. to <u>42</u> in. and _____ in. to _____ in. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well <u>B-12</u> 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"/> |
|--|---|

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: <input checked="" type="checkbox"/> | | | | |

Blank casing diameter: 6 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 22.6 in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40

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) _____ |
| 12 None used (open hole) | | | | |

SCREEN OR PERFORATION OPENINGS ARE:

| | | | | |
|---|-------------------------|------------------|-----------------|---------------------|
| 1 Continuous slot | 3 Mill slot <u>.060</u> | 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 42 ft. to 27 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 42 ft. to 25 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK MATERIAL: 1 Neat cement 2 Cement grout 4% bent 3 Bentonite 4 Other cement grout

Grout intervals: From 25 ft. to 23 ft. (3) ft., From 23 ft. to 2 ft. (2) ft., From 2 ft. to surface (4) 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 | 16 Other (specify below) |
| 13 Insecticide storage | | | | |

| Section from well? | | LITHOLOGIC LOG | FROM | | TO | PLUGGING INTERVALS |
|--------------------|----|------------------|------|----|----|--------------------|
| FROM | TO | | FROM | TO | | |
| 0 | 3 | Silty clay | | | | |
| 3 | 7 | Sandy silty clay | | | | |
| 7 | 17 | Silty clay | | | | |
| 17 | 30 | Sandy silty clay | | | | |
| 30 | 32 | Sandy clay | | | | |
| 32 | 38 | Silty sandy clay | | | | |
| 38 | 42 | Sandy clay | | | | |

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) 08/08/92 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) 8/26/92 by (signature) Bob A. Bell

Under the business name of _____

OFFICE USE ONLY