

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

21

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																														
County: <u>Phillips</u>		<u>SW 1/4 NW 1/4 NE 1/4</u>	<u>33</u>	<u>T48 S</u>	<u>R 18 E40</u>																														
Distance and direction from nearest town or city street address of well if located within city?			Global Positioning Systems (decimal degrees, min. of 4 digits)																																
			Latitude: _____																																
			Longitude: _____																																
2 WATER WELL OWNER: <u>The City of Phillipsburg</u>			Elevation: _____																																
RR#, St. Address, Box #: <u>945 2nd Street</u>			Datum: _____																																
City, State, ZIP Code: <u>Phillipsburg, KS 67461</u>			Data Collection Method: _____																																
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>52</u> ft.																																	
<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>W</td> <td> <table border="1"> <tr> <td>SW</td> <td>X NE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>					W	<table border="1"> <tr> <td>SW</td> <td>X NE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	SW	X NE								E																Depth(s) Groundwater Encountered (1) <u>9</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>9</u> ft. below land surface measured on mo/day/yr. <u>2/10/2010</u> Pump test data: Well water was <u>34 1/2</u> ft. after <u>13 1/2</u> hours pumping <u>115</u> gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>(X)</u> If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No <u>(X)</u>			
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SW	X NE																																		
5 TYPE OF 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 _____ Threaded _____																															
		7 Fiberglass																																	
Blank casing diameter <u>12</u> in. to <u>4</u> ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.																																			
Casing height above land surface <u>36</u> in. Weight <u>49.8</u> lbs./ft. Wall thickness or gauge No. <u>375</u>																																			
TYPE OF SCREEN OR PERFORATION MATERIAL:																																			
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____																																			
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMI (SR) 10 Asbestos-Cement 12 None used (open hole)																																			
SCREEN OR PERFORATION OPENINGS ARE:																																			
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)																																			
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____																																			
SCREEN-PERFORATED INTERVALS: From <u>41</u> ft. to <u>52</u> ft. From _____ ft. to _____ ft.																																			
From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																			
GRAVEL PACK INTERVALS: From <u>36</u> ft. to <u>52</u> ft. From _____ ft. to _____ ft.																																			
From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Reinforced seal</u>																																			
Grout Intervals: From <u>7</u> ft. to <u>27</u> ft. From _____ ft. to _____ ft. From <u>27</u> ft. to <u>36</u> ft.																																			
What is the nearest source of possible contamination:																																			
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify _____)																																			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)																																			
3 Watertight sewer lines 6 Sepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well																																			
Direction from well? _____ How many feet? _____																																			
FROM TO LITHOLOGIC LOG		FROM TO		PLUGGING INTERVALS																															
0	5	Top soil & clay																																	
5	7	Clay																																	
7	10	Fine to medium sand																																	
10	20	Fine to medium sand, 50% clay																																	
20	25	Fine sand w/ clay																																	
25	30	Fine to medium sand w/ clay																																	
30	42	Clay																																	
42	45	Fine sand																																	
45	53	Fine to medium sand																																	
53		Clay																																	
Original Returned to Sender for Correction Date: <u>4/10/10</u>																																			
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) <u>2/5/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> . This Water Well Record was completed on (mo/day/year) <u>4-19-10</u> under the business name of <u>Layne Christensen Company</u> by (signature) <u>Layne Christensen</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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells .																																			

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