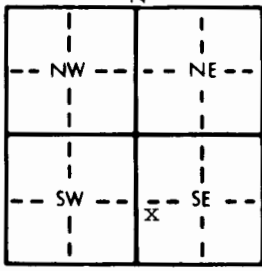


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Phillips</u>		NW ¼ SW ¼ SE ¼	<u>27</u>	T <u>4</u> S	R <u>18</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 3/4 mile south and 1 1/2 miles west of Glade</u>					
2 WATER WELL OWNER:		<u>Phillipsburg, City of</u>			
RR#, St. Address, Box # :		<u>City Hall</u>			
City, State, ZIP Code :		<u>945 2nd Street</u> <u>Phillipsburg, KS 67661</u>			
		Board of Agriculture, Division of Water Resources Application Number: <u>7777</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>37.5</u> ft. ELEVATION: _____			
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>10</u> ft. below land surface measured on mo/day/yr <u>5-9-94</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 _____ in. to _____ ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 <u>Public water supply</u> 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 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____		If yes, mo/day/yr sample was submitted _____			
Water Well Disinfected? Yes _____ No _____					
5 TYPE OF BLANK CASING USED:					
1 <u>Steel</u> 3 RMP (SR)		5 Wrought iron		8 Concrete tile	
2 <u>PVC</u> 4 <u>ABS</u>		6 Asbestos-Cement		9 Other (specify below)	
Blank casing diameter <u>12"</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface <u>5'</u> below _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____				Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 <u>Steel</u> 3 <u>Stainless steel</u> 5 <u>Fiberglass</u> 8 <u>RMP (SR)</u> 11 <u>Other (specify) NA</u>		7 <u>PVC</u> 10 <u>Asbestos-cement</u>			
2 <u>Brass</u> 4 <u>Galvanized steel</u> 6 <u>Concrete tile</u> 9 <u>ABS</u> 12 <u>None used (open hole)</u>					
SCREEN OR PERFORATION OPENINGS ARE:					
1 <u>Continuous slot</u> 3 <u>Mill slot</u> 5 <u>Gauzed wrapped</u> 8 <u>Saw cut</u> 11 <u>None (open hole)</u>		6 <u>Wire wrapped</u> 9 <u>Drilled holes</u>			
2 <u>Louvered shutter</u> 4 <u>Key punched</u> 7 <u>Torch cut</u> 10 <u>Other (specify) NA</u>					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 <u>Neat cement</u> 2 <u>Cement grout</u> 3 <u>Bentonite</u> 4 <u>Other</u>					
Grout Intervals: From <u>9</u> ft. to <u>5</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 <u>Septic tank</u> 4 <u>Lateral lines</u> 7 <u>Pit privy</u> 10 <u>Livestock pens</u> 14 <u>Abandoned water well</u>		11 <u>Fuel storage</u> 15 <u>Oil well/Gas well</u>			
2 <u>Sewer lines</u> 5 <u>Cess pool</u> 8 <u>Sewage lagoon</u> 12 <u>Fertilizer storage</u> 16 <u>Other (specify below)</u>		13 <u>Insecticide storage</u> <u>cattle pasture</u>			
3 <u>Watertight sewer lines</u> 6 <u>Seepage pit</u> 9 <u>Feedyard</u>					
Direction from well? <u>Well is within cattle pasture</u> How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>37.5</u>	<u>10</u>	<u>Chlorinated sand</u>
			<u>10</u>	<u>9</u>	<u>Bentonite Holeplug</u>
			<u>9</u>	<u>5</u>	<u>Concrete Grout</u>
			<u>5</u>	<u>0</u>	<u>Topsoil & Clay</u>
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>5-9-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/yr) <u>6-14-94</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.					