

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Phillipsburg</b>		<b>NW</b> 1/4 <b>NW</b> 1/4 <b>NW</b> 1/4	<b>3I</b>	T <b>4</b> S	R <b>18</b> E <b>W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>5mi west of glade &amp; Imi. west south</b>					
2 WATER WELL OWNER: <b>Maurice McClure</b>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <b>Rt.2</b>		Application Number:			
City, State, ZIP Code : <b>Glade Ks. 67639</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>50'</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <b>35'</b> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <b>35'</b> ft. below land surface measured on mo/day/yr <b>5/30/84</b>			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield <b>12</b> gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter <b>9 1/2</b> in. to <b>50'</b> ft., and in. to ft.			
WELL WATER TO BE USED AS:		5 Public water supply    8 Air conditioning    11 Injection well <input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well			
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 <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel    3 RMP (SR)		5 Wrought iron    8 Concrete tile		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
<input checked="" type="checkbox"/> PVC    4 ABS		6 Asbestos-Cement    9 Other (specify below)		Welded	
Blank casing diameter <b>6"</b> in. to <b>50'</b> ft., Dia		7 Fiberglass <b>screwed</b>		Threaded	
Casing height above land surface <b>24</b> in., weight		lbs./ft. Wall thickness or gauge No. <b>160sch.</b>			
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    5 Gauzed wrapped <input checked="" type="checkbox"/> Saw cut    11 None (open hole)					
2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes					
		10 Other (specify)			
SCREEN-PERFORATED INTERVALS: From <b>34'</b> ft. to <b>50'</b> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <b>24'</b> ft. to <b>50'</b> ft., From ft. to ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <del>Cement grout</del> 3 Bentonite    4 Other					
Grout Intervals: From <b>12'</b> ft. to <b>24'</b> ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 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			
Direction from well? <b>North</b>		How many feet? <b>350'</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	Top soil			
6	18	Clay			
18	26	Brown Clay			
26	42	Sandy Clay			
42	48	Sand			
48	50	Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5/30/84</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>448</b> This Water Well Record was completed on (mo/day/yr) <b>6/22/84</b> under the business name of <b>Jennings Drilling</b> by (signature) <b>J. Jennings</b>					
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

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