

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
Country: <u>Deatur</u>		<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>27</u>	<u>T 4 S</u>	<u>R 30 E</u>
Distance and direction from nearest town or city street address of well if located within city? 8 1/2 N, w to deadend 2 S, 2W, 7/10 N from 23 & 83					
2 WATER WELL OWNER: <u>Brent Phillips</u>					
RR#, St. Address, Box #: <u>HCL Box 81</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Selden, KS 67257</u>			Application Number: <u>20050285</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>150</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered _____ ft. 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <u>na</u> 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>8</u> in. to <u>150</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feed lot <u>6</u> Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued <u>X</u> Clamped _____	
<u>2</u> PVC		4 ABS		Welded _____	
		7 Fiberglass		Threaded _____	
Blank casing diameter <u>4.5</u> in. to <u>110</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>110</u> ft. to <u>150</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>150</u> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____					
Grout intervals From <u>0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below)	
				<u>Oil well</u>	
Direction from well? <u>SE</u>		How many feet? _____			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	3		Surface	129	133
3	20		Louess	133	137
20	28		Clay	137	140
28	38		Fine sand w/clay	140	147
38	42		Cemented sand w/caliche & Some sand	147	150
42	45		Fine sand w/clay & caliche		
45	50		Sandstone med sd & caliche		
50	60		Fine sand		
60	70		Med sand w/sandstone strks		
70	75		Caliche clay & some fine sand		
75	93		Sandstone fine sd & clay tight		
93	129		Fine sand w/soft sandstone layers		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>9-16-05</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>554</u>		This Water Well Record was completed on (mo/day/yr) <u>9-23-05</u>			
under the business name of <u>Woolter Pump & Well Inc.</u>		by (signature) <u>[Signature]</u>			
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.					

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