## Corrected Change

WATER	R WELL	RECORD	Form	WWC-5				urces; App. No			
1 LOCA	TION OF	WATER WELL:	Fraction			Section Nu	ımber	Township N	lumber	Range Number	
County:	1 1'	Grant	SE ¼	SE ¼	NE ¼	lahal Dasi	:410	T 27	S	R 36 E/W	
County: Grant SE ½ SE ½ NE ½ 1 T 27 S R 36 E/W Distance and direction from nearest town or city street address of well if located within city? 5 north, 7 east, 4 north of Ulysses T Latitude:											
J+6 Smith tarms, Inc. Longitude:											
2 WATER WELL OWNER: Tri-Rotor Spray and Chemical RR#, St. Address, Box # : 9170 E. Rd 2  Elevation: Datum:											
RR#, S	t. Address,	Box # : 9170 E	. Rd 2			Datum:	action N	1 oth od.			
City, State, ZIP Code : Ulysses KS 67880 Data Collection Method:  3 LOCATE WELL'S   4 DEPTH OF COMPLETED WELL 515 ft.											
LOCATON 4 DEPTH OF COMPLETED WELL 515											
	AN "X" I	N Denth(s) Groun	dwater Enc	ountered 1			ft 2		ft 3	ft	
1	ION BOX:	WELL'S STA	TIC WATER	R LEVEL	ft	below la	nd surfa	ce measured	on mo/d	ft.	
SECT	N	Pumr	test data:	Well water v	vas	ft.	after	hou	rs numni	ing onm	
N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm											
LNW	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										
	1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)										
W   2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
-sw-sE-											
Was a chemical/bacteriological sample submitted to Department? Yes No x; If yes, mo/day/yrs											
S Sample was submitted Water Well Disinfected? Yes x No											
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped											
1 Ste	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded									ed	
2 <u>PV</u>	2 PVC 4 ABS 7 Fiberglass Eagle-loc Threaded										
Blank casing diameter 5 in. to ft., Dia in. to ft., Dia in. to ft.											
2 PVC 4 ABS 7 Fiberglass Eagle-loc Threaded Blank casing diameter 5 in. to ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 12 in., Weight lbs./ft. Wall thickness or gauge No. SDR 17											
TI VPE DE NUR PERFURATION MATERIAL											
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (onen hole)											
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)											
SCREEN-PERFORATED INTERVALS: From 320 ft. to 340 ft. From 380 ft. to 400 ft.											
From <b>480</b> ft. to <b>500</b> ft. From ft. to ft.											
GRAVEL PACK INTERVALS: From 25 ft. to 515 ft. From ft. to ft.											
1 Continuous slot 3 Mill slot 5 Guaze 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 320 ft. to 340 ft. From 380 ft. to 400 ft.  From 480 ft. to 500 ft. From ft. to ft.  GRAVEL PACK INTERVALS: From 25 ft. to 515 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											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite Grout Intervals From 5 ft. to 25 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 10 Livestock pens 13 Insecticide Storage 16 Other (specify											
	er lines	5 Cess pool		ge lagoon 1				andoned wate		below)	
	ertignt sew from well?	er lines 6 Seepage p	on 9 reedy			feet? No		well/ gas wel	1		
					,		ile obse				
FROM	TO		LOGIC LOC	ý	FROM	TO		PLUGGIN			
80	80 180	Fine sand & a little Sand & gravel	e ciay						RECE	VED	
180	220	Sand & clay streal	KS.						UL 2 4	4 2000	
220	330	Sand & gravel; fev		ks				J	UL Z	Į ZUUJ	
330	440	Yellow clay; 20%						KS	GEO S	URVEY	
440	508	Sandstone & yello	w clay	C $C$	)RR	FCT	ED.				
508	520	Blue clay			/ I \ I \ I	<u> </u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged											
under my ju	under my jurisdiction and was completed on (mo/day/year) Kansas Water Well Contractor's License No.  473  and this record is true to the best of my knowledge and belief.  This Water Well Record was completed on (mo/day/year)  6/24/09										
		tractor's License No.	473	This Wat	er Well Re	cord was c	ompleted	d on (mo/day/y	ear)6	/24/09	
		e of Tyler Water V				ure)				•	
INSTRUCTIONS: Please fill in blanks 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											
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.kdheks.gov/waterwell.											