

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. **17983, 11262, 3369**

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Grant	SW ¼ SW ¼ SE ¼	35	T 27 S	R 37 E W

Distance and direction from nearest town or city street address of well if Located within city? From Ulysses, appx 5 miles North & 1 miles East
Global Positioning System (decimal degrees, min. of 4 digits)
 Latitude: 37.64943
 Longitude: 101.33606
 Elevation: 3076
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: **Jim Moyer**
 RR#, St. Address, Box # : **2158 E Rd 5**
 City, State, ZIP Code : **Ulysses KS 67880**

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>611</u> ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>280</u> ft. below land surface measured on mo/day/yr <u>03/25/08</u> Pump test data: Well water was <u>338</u> ft. after <u>4</u> hours pumping <u>1114</u> gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 _____ 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring 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 CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued	Clamped
2 PVC	4 ABS	7 Fiberglass		Welded	<input checked="" type="checkbox"/>
				Threaded	

Blank casing diameter 16 in. to 611 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., Weight 42 lbs./ft. Wall thickness or gauge No. .250

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 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

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 335 ft. to 395 ft. From 426 ft. to 606 ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 611 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 _____
 Grout Intervals From 0 ft. to 20 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 below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 4 Abandoned water well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well

Direction from well? South East How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface			
2	11	Clay			
11	100	Clay cemented sand			
100	116	Sand fine to med clay			
116	124	Clay			
124	140	Clay			
140	153	Sand fine thin clay			
153	162	Clay			
162	216	Sand fine to med			
216	238	Sand fine to small clay			
238	260	Sand fine to med course			
260	285	Sand fine to med course			
285	286	Lime stone very hard			
286	345	Sand stone soap stone very hard			
345	347	Lime stone Ex Hard			
347	395	Soap Stone Sand stone			

395	401	Lime stone			
401	425	Shale lime stone			
425	465	Shale soap stone			
465	467	Lime stone			
467	475	Shale soap stone			
475	510	Soap stone sand stone			
510	517	Soap stone red shale			
517	539	Sand stone soap stone			
539	546	Soap stone			
546	568	Sand stone soap stone			
568	606	Soap stone sand stones			
606	632	Soap stone red beds hard shale			
632	640	Red Bed			

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) 03/15/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 06/04/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) _____.

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 your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.