

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Grant		Fraction SW ¼ SW ¼ SW ¼		Section Number 24	Township Number T 27 S	Range Number R 37 E/W								
Distance and direction from nearest town or city street address of well if located within city? 5 North & 3 East of Ulysses				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____										
2 WATER WELL OWNER: Jim Moyer RR#, St. Address, Box # : 2158 E Road 5 City, State, ZIP Code : Ulysses KS 67880														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> </div>		N		NW	NE	SW	SE	S		4 DEPTH OF COMPLETED WELL 515 ft. Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ 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 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) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No x ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes x No _____				
N														
NW	NE													
SW	SE													
S														
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Eagle-Loc Threaded Blank casing diameter 5 in. to 515 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 24 in., Weight _____ lbs./ft. Wall thickness or gauge No. SDR 17 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 345 ft. to 365 ft. From 365 ft. to 385 ft. From 465 ft. to 485 ft. From 505 ft. to 515 ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.														
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ 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 below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well None observed Direction from well? _____ How many feet? _____														
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS								
0	20	Topsoil & sandy cl		400	460	Brown & blue cl								
20	24	Fine sand		460	520	Brown cl & sandstone strks								
24	100	Brown & blue cl												
100	120	Caliche & fine sand												
120	217	Sandy cl												
217	224	Med sand												
224	260	Sandy cl												
260	264	Sand, med												
264	340	sandy cl												
340	400	Sand, fine to med; little cl												
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/year) 5/29/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 473 . This Water Well Record was completed on (mo/day/year) 6/05/09 under the business name of _____ by (signature) <i>Daryl J. [Signature]</i>														
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 .														