

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Grant	Fraction SE ¼ NW ¼ SW ¼	Section Number 31	Township Number T 28 S R 35	Range Number E/W
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Distance and direction from nearest town or city street address of well if located within city? **8 1/2 mi E of Ulysses**

2 WATER WELL OWNER: Wayne Koehn
 RR#, St. Address, Box # : 1150 S road S
 City, State, ZIP Code : Ulysses KS 67880

Global Positioning System (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:

N
NW NE
W X SE
S

4 DEPTH OF COMPLETED WELL 425 ft.

Depth(s) Groundwater Encountered 1 **300** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **300** ft. below land surface measured on mo/day/yr **10/09/07**
 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 _____

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 _____
				Threaded _____

Blank casing diameter **5** in. to **425** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. **SDR 21**

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 **315** ft. to **335** ft. From **355** ft. to **375** ft.
 From **395** ft. to **415** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **25** ft. to **425** 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 **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

Direction from well? _____ How many feet? **None Observed**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil	325	335	Sandy clay
5	60	Sandy clay & a little caliche	335	360	Sand, med
60	90	Sand, med	360	375	Sandy clay
90	164	Brown clay	375	384	Fine to med sand
164	172	Fine sand	384	398	Sandy clay
172	180	Brown clay	398	402	Fine to med sand
180	195	Fine sand	402	420	Brown clay
195	226	Sandy clay & sandstreaks	420	425	Fine to med sand
226	300	Brown clay	425	440	Brown clay
300	325	Sand, med & a little clay			

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) **10-09-07** 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) **10-09-07**
 under the business name of **Tyler Water Well, 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>.