				WATER WELL RECORD FOIL WWC-5													
	CATION ty: Gra	OF WATER WELL:	Fraction 4 SW 4 SW	/ ¼ SW ½		on Number 5	Township No. T 28 S	Range Number R 35 ☐E ☑W									
Street/Rural Address of Well Location; if unknown, distance & direction						Global Positioning System (GPS) information:											
from nearest town or intersection: If at owner's address, check here .						Latitude: (in decimal degrees)											
From Ulysses 9 East and 3 Norht						Longitude: (in decimal degrees)											
From Organia a Last and a Home					Eleva	Elevation:											
A WATER WELL OWNER						<u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27											
2 WATER WELL OWNER: Sheldon Nightingale					Colle	Collection Method:											
RR#, Street Address, Box #: 10022 E Rd 8						GPS unit (Make/Model:)											
City, State, ZIP Code : Ulysses, KS 67880						☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m											
3 LOCATE WELL																	
	WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 505																
	SECTION BOX: N Depth(s) Groundwater Encountered (1)																
520																	
NV W																	
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well Well Water To Be Used As: Public water supply Dewatering Other (Specify below) swse																	
									S If yes, mo/day/yr sample was submitted								
									1 mile Water well disinfected? ✓ Yes No								
5 TYPE OF CASING USED: Steel PVC Other Eagle Loc																	
CASING JOINTS: Glued Clamped Welded Threaded																	
Casing diameter 5 in. to .505 ft., Diameter in. to ft., Diameter in. to ft.																	
Casing height above land surface. 24 in., Weight SDR 17 lbs./ft., Wall thickness or gauge No.																	
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify)																	
☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)																	
SCREEN OR PERFORATION OPENINGS ARE:																	
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)																	
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)																	
SCREEN-PERFORATED INTERVALS: From405 ft. to425 ft., From445 ft. to465 ft. to465																	
From 485 ft. to .505 ft., From ft. to ft. to																	
	GRAV	EL PACK INTERVALS:															
From ft. to ft., From ft. to ft.																	
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other																	
Grout Intervals: From .0 ft. to .20 ft., From																	
What is	the near	est source of possible conta	mination:														
		nk 🔲 Lateral lin				Insecticide	storage	er (specify below)									
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well																	
			it Feedyard	Fertilizer		Oil well/ga											
		m well .NA				ell		CODIO DIECDIALO									
FROM	TO	LITHOLOG		FROM	TO		or PLU	GGING INTERVALS									
R	74	Topsoil, Brownsandy C	lay Lt Cliche	423	450	Cliche	1.										
74	80	Fine Sand and Clay		450	464	Brown Roc											
80	171	Sand and Gravel Little	Clay	464	480	Brown San											
171	178	Clay		480	505		low & Red Sand	v clav									
178	179	Rock				Little Sand											
179	240	Fine Sand Little Clay 1'	505		Rock Hard	1											
240	246	Yellow Sandy clay															
246	280	Sand Fine and Medium	Little Clay														
280	290	Sandy Clay															
290	423	Sand Fine to Coarse Lit	ttle Clay														
		OR'S OR LANDOWNER		N: This wa	ter well v	was 🚺 constru	icted, [] reconstru	icted, or Dugged									
under my jurisdiction and was completed on (mo/day/year) .8-31-10 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) 9-9-10																	
under the business name of Tyler Water Well Serv. by (signature)																	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and cleck the correct answers. Send three copies																	
(white, blu	ю, pink) t	o Kansas Department of Health	and Environment, Bureau	of Water, Geo	logy Section	on, 1000 SW Jac	kson St., Suite 429, 1	opeka, Kansas 66612-1367.									
•		5522. Send one copy to WATI	ER WELL OWNER and r	etain one for	your recor	rds. Include <u>fee</u>	of \$5.00 for #6ch co	onstructed well. Visit us at									
http://www.kdheks.gov/waterwell/index.html. Check: White Conv. Plue Conv. Pink																	
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy																	