

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction County: Grant	SE ¼ SE ¼ SE ¼	Section Number 3	Township Number T 28 S	Range Number R 36 E/W
Distance and direction from nearest town or city street address of well if located within city? Seven miles east, 5 north of Ulysses			Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: Juan Manzano
RR#, St. Address, Box # : _____
City, State, ZIP Code : Ulysses KS 67880

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 440 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 <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)	5 Wrought Iron	6 Asbestos-Cement	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass	9 Other (specify below)		Welded _____
					Threaded _____

Blank casing diameter _____ 5 in. to **440** 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**

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 Gauze 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 _____ **340** ft. to _____ **360** ft. From _____ **380** ft. to _____ **400** ft.
 From _____ **420** ft. to _____ **440** ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ **25** ft. to _____ **440** 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 _____ 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	40	Topsoil & sandy clay	400	440	Brown & blue clay
40	78	Fine to coarse sand & sm gravel	440	460	Rock, hard; lost circulation
78	140	Brown clay			
140	160	Blue clay			
160	240	Gray clay			
240	309	Sand, med to coarse; a little clay			
309	316	Brown & blue clay			
316	334	Fine sand; a little clay			
334	351	Brown & blue clay			
351	400	Fine sand; 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) 10/27/08 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) 10/31/08
 under the business name of Tyler Water Well, Inc. by (signature) [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>.