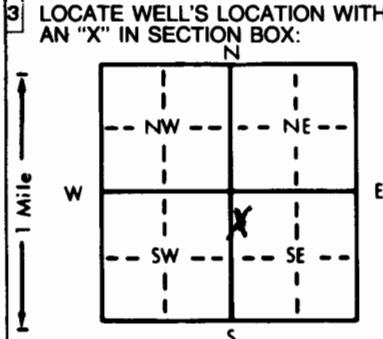


1 LOCATION OF WATER WELL: County: **GRANT** Fraction: **NW 1/4 NW 1/4 SE 1/4** Section Number: **25** Township Number: **T 28 S** Range Number: **R 37 E/W**

Distance and direction from nearest town or city street address of well if located within city?
2 miles east of Ulysses Kansas at City Landfill

2 WATER WELL OWNER: **City Of Ulysses**
 RR#, St. Address, Box #: **115 West Grant** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Ulysses, Kansas 67880** Application Number:



4 DEPTH OF COMPLETED WELL: **75** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **60** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **60** ft. below land surface measured on mo/day/yr **7/5/93**
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter: **8** in. to **75** ft., and in. to ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only **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 No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued.....Clamped.....
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded.....
 7 Fiberglass Threaded...**X**.....
 Blank casing diameter **4** in. to **75** ft., Dia. in. to ft., Dia. in. to ft.
 Casing height above land surface: **36** in., weight lbs./ft. Wall thickness or gauge No. **Schedule 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass **7 PVC** 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify).....
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot **3 Mill slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify).....
 SCREEN-PERFORATED INTERVALS: From **55** ft. to **75** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **50** ft. to **75** 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 **1** ft. to **50** 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines **6 Sewage pit** 9 Feedyard 12 Fertilizer storage **SANITARY LANDFILL** 13 Insecticide storage **25** Other (specify below)

Direction from well? **EAST** How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top Soil (dark)	0	50	Vegetation
3	15	Light Sands			
15	42	Coarse sands,			
42	55	Coarse sands light clay mix			
55	75	Tight compacted clays			

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) **CO 207 5/35** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **11735** This Water Well Record was completed on (mo/day/yr) **7/5/93** by **James O. Puyear** under the business name of **Puyear Contractors Inc.** by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.