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|---|---|-----------------------------|----------------------------------|---------------------------------|
| 1 LOCATION OF WATER WELL: County: <u>Grant</u> | Fraction <u>NE</u> 1/4 <u>SW</u> 1/4 <u>SE</u> 1/4 | Section Number <u>33</u> | Township Number <u>T 28 S</u> | Range Number <u>R 37 E/W</u> |
|---|---|-----------------------------|----------------------------------|---------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
1/2 mile south of Ulysses, Kansas

2 WATER WELL OWNER: Marvin Meile
 RR#, St. Address, Box # Hwy 270 S.
 City, State, ZIP Code Ulysses, Kansas 67880
 Board of Agriculture, Division of Water Resources
 Application Number:

| | |
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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL... <u>328</u> ft. ELEVATION: <u>slope</u> |
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Depth(s) Groundwater Encountered 1. 100 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL ... 100 ft. below land surface measured on mo/day/yr 4/9/91

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was Did not install pump ft. after _____ hours pumping _____ gpm

Bore Hole Diameter... 9 7/8 in. to 328 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 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 X No _____

| | | | |
|---|--------------------|--|---|
| 5 TYPE OF BLANK CASING USED: | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued <u>X</u> Clamped _____ |
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) |
| 2 PVC | 4 ABS | 7 Fiberglass | 10 Asbestos-cement |
| Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft. | | Casing height above land surface _____ in., weight schedule _____ lbs./ft. Wall thickness or gauge No. _____ | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 7 PVC | |
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 8 RMP (SR) |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 9 ABS |
| SCREEN OR PERFORATION OPENINGS ARE: | | 10 Other (specify) _____ | |
| 1 Continuous slot | 3 Mill slot | 5 Gauzed wrapped | 8 Saw cut |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped | 9 Drilled holes |
| SCREEN-PERFORATED INTERVALS: From <u>218</u> ft. to <u>238</u> ft., From _____ ft. to _____ ft. | | 11 None (open hole) | |
| GRAVEL PACK INTERVALS: From <u>50</u> ft. to <u>328</u> ft., From _____ ft. to _____ ft. | | 12 None used (open hole) | |

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 4 ft. to 24 ft., From 24 ft. to 50 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 Seepage pit | 9 Feedyard | 12 Fertilizer storage | 16 Other (specify below) |
| | | | 13 Insecticide storage | <u>field</u> |

Direction from well? _____ How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|---------------------------------|------|----|--------------------|
| 0 | 2 | Surface | | | |
| 2 | 8 | Fine sand and clay | | | |
| 8 | 15 | Coarse sand | | | |
| 15 | 210 | Tight brown clay | | | |
| 210 | 227 | Medium to coarse sand | | | |
| 227 | 257 | Sandy clay | | | |
| 257 | 298 | Sandy clay and fine sand | | | |
| 298 | 325 | Yellow chalk w/sandstone strips | | | |
| 325 | 330 | Blue shale | | | |
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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) _____ April 9, 1991 _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ 164 _____ This Water Well Record was completed on (mo/day/yr) _____ April 30, 1991 _____ under the business name of Houck Bros. Drlg. Co by (signature) M. Beard

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC 1/4 1/4 1/4