

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Grant	Fraction Lot 13 ¼ Blk 2 ¼ SW ¼	Section Number 17	Township Number T 28 S	Range Number R 37W E/W
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Distance and direction from nearest town or city street address of well if located within city? **2 ½ mi. north & ¼ east of Ulysses** **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Garold Wells
 RR#, St. Address, Box # : **2769 Westview**
 City, State, ZIP Code : **Ulysses KS 67880**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 400 ft.
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N

NW	X	NE	
SW		SE	

S

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 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	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass	9 Other (specify below)	Welded _____
			Eagle-Loc	Threaded _____

Blank casing diameter 5 in. to 400 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 24 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 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 273 ft. to 293 ft. From 313 ft. to 333 ft.

From 353 ft. to 373 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 25 ft. to 400 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	5	Topsoil	222	238	Brown clay
5	66	Brown sandy clay	238	242	Fine sand & a little clay
66	80	Fine sand	242	260	Brown & blue clay
80	120	Brown clay & sand & caliche streaks	260	286	Caliche & sand, med to coarse
120	136	Brown & blue clay	286	330	Brown sandy clay
136	140	Fine sand	330	353	Sand, med
140	192	Brown clay	353	360	Brown clay
192	203	Fine sand & a little clay	360	390	Sand, fine to med
203	217	Brown clay	390	400	Brown clay
217	222	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) 3/27/08 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) 4/3/08 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>.