		RECORD		n WWC	:- <b>5</b> [			ources; App. No.	
		WATER WELL: Grant		NW ¼	NW ¼	Section N 35	umber	Township Number T 28 S	Range Number R 37 E/W
County: Grant NW 1/4 NW 1/4 NW 1/4 35 T 28 S R 37 E/W  Distance and direction from nearest town or city street address of well if located within city? East edge of Ulysses Ks    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 S   T 28 S R 37 E/W    County: Grant NW 1/4 NW 1/									
2 WAT	ER WELL	OWNER: Treco Ir	ıc.			Elevation	: :		
DD# 6	74 A J J	D # . 2/07 W	/ D - 1 1 0			D 4			
City, State, ZIP Code : Ulysses Ks, 67880 Data Collection Method:  Data Collection Method:									
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 500 ft. LOCATON									
	I AN "X" I	N Depth(s) Group	ndwater End	countered	1		ft 2	£ 2	A
1	ION BOX:	WELL'S STA	TIC WATE	R LEVEL		ft helow la	1ι. ∠ ınd surfa	ft. 3	lav/vr
	N	Pumi	test data:	Well wat	er was	ft.	after	hours pumpi	ing gnm
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)									ing gpm
									ijection well
									2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well
SW — SE — Was a charginal/hastorial spiral sounds when the late Department 2 V and 15 V and 16 V and 1									
Was a chemical/bacteriological sample submitted to Department? Yes No x; If yes, mo/day/yrs									
S Sample was submitted Water Well Disinfected? Yes x No  5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped									
5 TYPE	OF CASI	NG USED: 5	Wrought In	ron	8 Conc	rete tile	CASI	ING JOINTS: Glued	Clamped
2 DV	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  2 RVC 4 ARS 7 Fibrushes								
2 rvc 4 Abb / ribergiass Threaded  Rlank casing diameter in to 9 Dia in to 9 Dia in to 9 Dia in to 9									
2 PVC 4 ABS 7 Fiberglass Threaded Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 24 in., Weight lbs./ft. Wall thickness or gauge No. SDR17									
I I LE 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)									
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 Guaze 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 400 ft. to 420 ft. From 440 ft. to 460 ft.									
SCREEN-PERFORATED INTERVALS: From 400 ft. to 420 ft. From 440 ft. to 460 ft.									
From <b>480</b> ft. to <b>500</b> ft. From ft. to ft.									
GRAVEL PACK INTERVALS: From 25 ft. to 500 ft. From ft. to f								ott.	
From tt. to tt. From tt. to tt.									
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.									
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									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well									
Direction from well? How many feet? None Observed									
FROM	TO	LITHO	LOGIC LO	G	FRO	M TO		PLUGGING INTE	ERVALS
0	20	Top soil & sandy o							
20	40 240	Fine to course san Brown clay	<u>d</u>				-		
240		Fine sand					<u> </u>		
280	408	Blue & brown clay							
408	520	Sandstone & clay	stks.					4.5.	
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)  Kansas Water Well Contractor's License No. 473  under the business name of Tyler Water Well Inc.  by (signature)  12/14/09  and this record is true to the best of my knowledge and belief.  This Water Well Record was completed on mo/day/year)  2/14/09  by (signature)									
		e of <b>Tyler Water V</b>	Vell Inc.	11115 \	bv (sign	record was c ature)	ompietet	i on the state of the	
INCTDUCT	TONE: Plance	fill in blanks or circle th	e correct ancu	vers. Send to	n three conic	s to Kansas De	partment	of Health and Environmen	t, Bureau of Water,
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.									