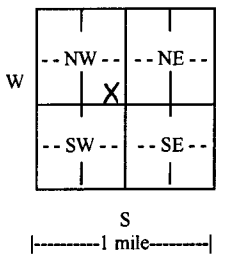


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Grant	Fraction SE ¼ SE ¼ SW ¼ NW ¼	Section Number 27	Township No. T 28 S	Range Number R 37 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 415 N. Main Street Ulysses, KS		Global Positioning System (GPS) information: Latitude: .37.58452..... (in decimal degrees) Longitude: 101.35921..... (in decimal degrees) Elevation: 3055.71..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Bob Wilson Memorial Hospital RR#, Street Address, Box #: 415 N Main City, State, ZIP Code : Ulysses, KS 67880				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N 	4 DEPTH OF COMPLETED WELL 74..... ft. Depth(s) Groundwater Encountered (1) 55..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 55.92..... ft. below land surface measured on mo/day/yr. 12-03-15..... 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 in. to ft., and in. to ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well LUST..... Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5 TYPE OF CASING USED: Steel PVC Other.....
CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter 2.00..... in. to ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface -0.33..... in., Weight lbs./ft., Wall thickness or gauge No. 40.....
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From 54..... ft. to 74..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 52..... ft. to 74..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....
 Grout Intervals: From 52..... ft. to 1..... ft., From ft. to ft., From ft. to ft.
What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well.....
 Direction from well south..... Distance from well 5.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
1	28	Clay, silty			
28	28.5	Sand			
28.5	43.5	Clay, silty			MW1
43.5	44	Sand			
44	74	Clay, silty			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 11-18-2015..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594..... This Water Well Record was completed on (mo/day/year) 01-04-2016..... under the business name of Coranco Great Plains, Inc..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>