

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

18,201

1 LOCATION OF WATER WELL: County: Grant	Fraction ¼ SE ¼ SW ¼ SW ¼	Section Number 21	Township No. T 28 S	Range Number R 38 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here approx. 7 miles west of Ulysses, KS

Global Positioning System (GPS) information:
 Latitude: .37.59253..... (in decimal degrees)
 Longitude: 101.48613..... (in decimal degrees)
 Elevation: 3136.....
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Clay Scott
 RR#, Street Address, Box #: 1773 N Rd B
 City, State, ZIP Code : Ulysses, KS 67880

3 LOCATE WELL WITH AN "X" IN SECTION BOX:
N

W	NW	NE	E
	SW	SE	
	X		
	S		

-----1 mile-----

4 DEPTH OF COMPLETED WELL 610..... ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL. 275.....ft. below land surface measured on mo/day/yr. 9/25/10.....
 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 24.....in. to 610.....ft., andin. toft.
 WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted.....
 Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter .16..... in. to 6.10..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface. 12..... in., Weight 42.09.....lbs./ft., Wall thickness or gauge No. .0.250.....
 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 292..... ft. to 322..... ft., From 342..... ft. to 422..... ft.
 From 505..... ft. to 605..... ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From 20..... ft. to 610..... 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 0..... ft. to 20..... 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 **None Detected**
 Direction from well **None Detected**..... Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	top sand soil	323	340	brown clay, few sand
2	16	brown clay, calicho, few sand	340	355	brown clay, sands
16	120	brown-white clay	355	370	sand fine, few small
120	150	sand fine, clay	370	376	brown clay
150	220	gray-brown clay	376	382	sand silty to fine
220	240	sand fine to med	382	407	brown + yellow sandstone. soapstone
240	260	brown clay, limerock	407	422	yellow soapstone, sandstone
260	310	snd fine-md coarse sm-med ledge	422	430	soapstone
310	315	brown clay	430	450	shale, limestone
315	323	sand fine to small	450	504	shale, limestone, soapstone

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) 9/25/10..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145..... This Water Well Record was completed on (mo/day/year) 10/10/10..... under the business name of Hydro Resources Mid Continent..... 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 three copies (white, blue, pink) 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 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.

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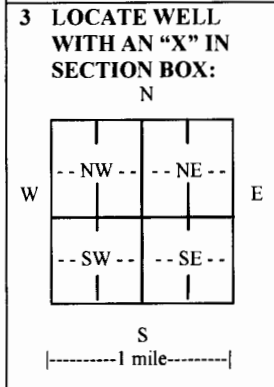
Division of Water Resources App. No.

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 From..... ft. to ft., From ft. to ft.

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 Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
504	510	soapstone, limestone			
510	522	soapstone, sandstone			
522	582	sandstone, soapstone			
582	587	soapstone, limestone			
587	605	sandstone, soapstone			
605	616	soapstone, limestone			
616	620	limestone			

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