

WATER WELL RECORD Form WWC-5 KSA 82a-1212

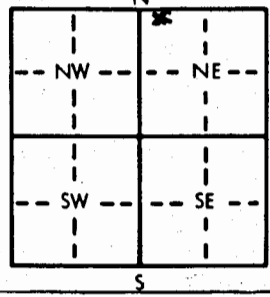
LOCATION OF WATER WELL: County: <u>Grant</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>17</u>	Township Number <u>T 29 S</u>	Range Number <u>R 36</u> EW
-------------------------------------------------	-----------------------------------------	-----------------------------	----------------------------------	------------------------------------------------------------------

Distance and direction from nearest town or city street address of well if located within city?
3 miles south and 4 1/2 east of Ulysses

WATER WELL OWNER: Rollin Hagerman
 R#, St. Address, Box # : RFD #2
 City, State, ZIP Code : Ulysses, Ks. 67880
 Board of Agriculture, Division of Water Resources
 Application Number: _____

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 327 ft. ELEVATION: slope
 Depth(s) Groundwater Encountered 1. 235 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 235 ft. below land surface measured on mo/day/yr 6/10/88
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was NC ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9.7/8 in. to 327 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 Observation well windmill (stock)
 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) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) & riveted Welded _____
 7 Fiberglass _____ Threaded _____

Blank casing diameter: 5 in. to 307 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No. schedule 250

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 307 ft. to 327 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 10 ft. to 327 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 0 ft. to 10 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 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 in a pasture

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Surface			
2	20	Fine to medium sand			
20	90	Brown clay			
90	105	Gray and blue clay			
105	165	Brown clay w/small fine sand strips			
165	220	Brown clay			
220	308	Sandy clay w/fine sand			
308	327	Coarse sand			
327	345	Brown and blue shale w/rock shells			

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) June 10, 1988 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) June 14, 1988 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY