

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Grant

Location listed as:

Location ~~changed to:~~

Section-Township-Range: _____

1-29-36 W

Fraction (1/4 1/4 1/4): _____

NE NW NE

Other changes: Initial statements: N 39 deg 33' 38.8"

Changed to: N 37 deg 33' 38.8"

Comments: _____

verification method: Written & legal descriptions, KGS' "LEO" conversion tool, and mapping tool on KGS website.

initials: DRJ date: 8/10/2009

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction County: Grant NE ¼ NW ¼ NE ¼	Section Number 1	Township Number T 29 S	Range Number R 36 E/W
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Distance and direction from nearest town or city street address of well if located within city? **8 east of Ulysses KS** **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: N39 deg 33' 38.8"
 Longitude: W101deg 12' 19.6"
 Elevation: 3036
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Grant Mennonite Church
 RR#, St. Address, Box # : **8525 E Hwy 160**
 City, State, ZIP Code : **Ulysses Ks 67880**

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 480 ft.
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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	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____

Blank casing diameter 5 in. to 480 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 in., Weight _____ lbs./ft. Wall thickness or gauge No. SDR 17

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 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 <u>340</u> ft. to <u>360</u> ft.	From <u>400</u> ft. to <u>420</u> ft.
From <u>460</u> ft. to <u>480</u> ft.	From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS:

From <u>25</u> ft. to <u>480</u> 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	

Direction from well? _____ How many feet? None observed

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	47	Brown sandy clay & a little caliche			
47	110	Sand; fine to coarse; a little clay			
110	180	Brown clay			
180	275	Blue clay			
275	300	Brown sandy clay; sand streaks			
300	340	Sand, fine to med; a little clay			
340	360	Sandy clay			
360	440	Sandstone & clay streaks			
440	500	shale			

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) 7/17/08 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) 7/26/08 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>.