

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL: County: Grant	Fraction ¼ NE ¼ NW ¼ NW ¼	Section Number 2	Township No. T 29 S	Range Number R 36 <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"/> 7119 E Hwy 160		Global Positioning System (GPS) information: Latitude: .37.5613 (in decimal degrees) Longitude: 101.2323 (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input 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: United Prairie Ag RR#, Street Address, Box #: 1125 W Oklahoma Ave City, State, ZIP Code : Ulysses, KS 67889				

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

N

	X		
---NW---	---NE---		
W			E
---SW---	---SE---		

S

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

4 DEPTH OF COMPLETED WELL 450 ft.

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

Bore Hole Diameter 9 7/8 in. to..... ft. and..... in. to..... ft.

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 Eagle Loc

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 5 in. to 450 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface 24 in., Weight SDR 17 lbs./ft., Wall thickness or gauge No.

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 350 ft. to 370 ft., From 390 ft. to 410 ft.
 From 430 ft. to 450 ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 22 ft. to 450 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 22 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 East Distance from well 30'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	40	Topsoil & Clay			
40	60	Clay Little Sand & Gravel			
60	80	Sand & Gravel Streaks of Clay			
80	100	Sand & Gravel & Clay			
100	340	Brown & Gray Clay			
340	360	Clay with streaks of Fine Sand			
360	400	Fine Sand & Shale			
400	440	Sandstone Little Shale			
440	460	Shale Streaks of Sandstone			

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) 1-16-12 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) 1-24-12 under the business name of Tyler Water Well 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 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 785-296-5524. 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>.