

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

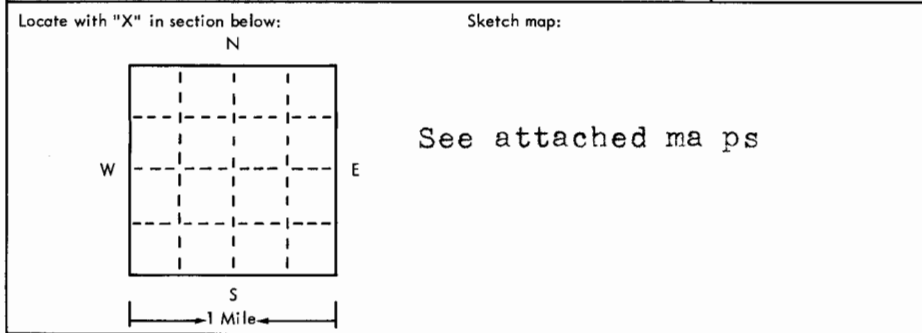
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County GRANT	Township name Lincoln	Fraction Lot 3, Blk. 2, North Fork Heights	Section number 9	Town number 29	Range number 37
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Distance and direction from nearest town or city: **2 mi. south, 3/4 west of Ulysses, Ks.**

Street address of well location if in city: **west of Ulysses, Ks.**

3 Owner of well: **James A. Harms**
Address: **Ulysses, Kansas**



4 Well depth **345** ft. Date of completion **6-5-75**
Well diameter **9 7/8**.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well

7 Casing: Material **stry** Height: above/below
Threaded Welded Surface _____ in.
Diam. **glued** Weight _____ lbs./ft.
5 in. to _____ ft. depth Drive shoe? Yes No
345 in. to _____ ft. depth!

2	Type and color of material	From	To
	Surface and Brown clay	0	15
	Brown clay	15	30
	Fine sand	30	45
	Brown clay	45	180
	Blue clay	180	240
	Brown clay	240	255
	Brown sandy clay and gyp	255	285
	Coarse sand	285	315
	Sand & brown clay strips	315	345
	(use a second sheet if needed)		

8 Screen:
Manufacturer **Jess & Lowell**
Type **styro.** Dia. **5"**
Slot/gauze _____ Length _____
Set between _____ ft and _____ ft.
Fittings **pl. 0-285: perf 285-345**
Gravel pack Yes No Size range of material **1/16-1/4**

9 Static water level:
200 ft. below land surface Date **5-20-75**

10 Pumping level below land surfaces: **N A**
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter **12** Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **6** ft. to **20** ft.

14 Nearest source of possible contamination:
ft. **500** Direction **west** Type **sewer**
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 Valley

17 Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Wagner Drlg. 253
Business name _____ License No. _____
Address **Ulysses, Kansas**
Signed **George Wagner** Date **6-10-75**
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as Lot 3, B/A. 2, North Fork Heights, sec. 9, T 29, R 37

changed to either NW, NE, NW or NE, NW, NW, sec. 9, T 29 S, R 37 W

Other changes made:

Initial statements: _____

Changed to: _____

verification method: Ulysses SW. 1:24,000 Topographic Map initials: ARd date: 11/18/98

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620