

LOCATION OF WATER WELL: County: **Grant** Fraction: **SE 1/4 NW 1/4 SE 1/4** Section Number: **13** Township Number: **T 29 S** Range Number: **R 38 E W**

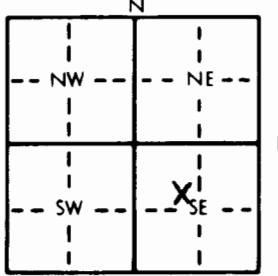
Distance and direction from nearest town or city street address of well if located within city? **Ulysses 2 South, 2 West, 3 South, 1 West, 1 North, 1369' North and 1633' West from southeast corner of section**

WATER WELL OWNER: **City of Ulysses Water Well #12**

RR#, St. Address, Box #: **Ulysses, KS 67880** Board of Agriculture, Division of Water Resources Application Number: **23014**

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

DEPTH OF COMPLETED WELL: **505** ft. ELEVATION:



Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **286** ft. below land surface measured on **08/18/89**

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: **33** in. to **20** ft., and **30** in. to **505** ft.

WELL WATER TO BE USED AS: 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 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

TYPE OF BLANK CASING USED: Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____

2 PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter: **16** in. to **386** ft., Dia **16** in. to **441** ft., Dia **16** in. to **505** ft.

Casing height above land surface: **42** in., weight **62.58** lbs./ft. Wall thickness or gauge No. **.375**

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot 3 Mill slot Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **386** ft. to **416** ft., From **441** ft. to **501** ft.

GRAVEL PACK INTERVALS: From **20** ft. to **505** ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 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: 10 Livestock pens 14 Abandoned water well

1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well

2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **NONE**

Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **September 25, 1989** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **208** This Water Well Record was completed on (mo/day/yr) **June 22, 1990** under the business name of **Minter-Wilson Drilling Co., Inc.** by (signature) *Kathy Olson*

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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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