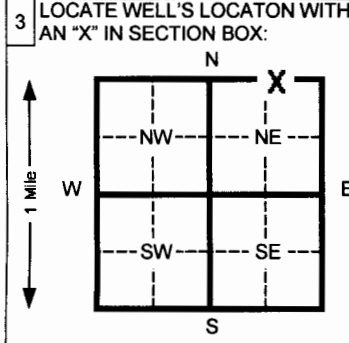


1 LOCATION OF WATER WELL: County: Grant	Fraction NW ¼ NE ¼ NE ¼	Section Number 27	Township Number T 29 S	Range Number R 38 EW
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Distance and direction from nearest town or city street address of well if located within city?
5 West, 5 South of Ulysses

2 WATER WELL OWNER: **Kenneth Siebert**
 RR#, St. Address, Box # : **6155 W Rd 17**
 City, State, ZIP Code : **Ulysses Ks 67880**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL **390** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **130** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **130** ft. below land surface measured on mo/day/yr **7/20/05**
 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 **10** in. to _____ ft. and _____ in. to _____ ft.
 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 Lawn and garden (domestic) 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 BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Eagle Loc Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter **5** in. to **390** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR 21**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 4 Gauged wrapped 5 Saw cut 8 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 7 Torch cut 9 Drilled holes 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **310** ft. to **390** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **27** ft. to **390** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals From **7** ft. to **27** 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 **None observed**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4		Top soil			
4	120		Sandy clay & caliche stks			
120	140		Sandy clay & sand stks			
140	160		Sand med to course			
160	200		Sandy clay			
200	233		Brown clay			
233	265		Med sand & a little clay			
265	315		Brown clay			
315	388		Sand fine to med ; clay stks			
388	400		Rock very hard			

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/yr) **7/20/05** 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/yr) **7/20/05** under the business name of **Tyler Water Well Service** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.