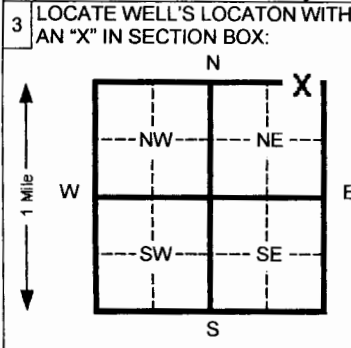


1 LOCATION OF WATER WELL: County: **Grant** Fraction: **NE 1/4 NE 1/4 NE 1/4** Section Number: **34** Township Number: **T 30 S** Range Number: **R 37 EW**

Distance and direction from nearest town or city street address of well if located within city?
13 mi South of Ulysses, Ks

2 WATER WELL OWNER: **Charles Grimes**
 RR#, St. Address, Box #: **9220 East Rd 1** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Ulysses KS 67880** Application Number:



4 DEPTH OF COMPLETED WELL: **360** ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1 **175** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **175** ft. below land surface measured on mo/day/yr **1/20/06**
 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: **9.75** 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) Welded _____
 7 Fiberglass **Eagle-Loc** Threaded _____
 Blank casing diameter: **5** in. to **360** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR17**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **222** ft. to **242** ft. From **262** ft. to **282** ft.
 From **302** ft. to **322** ft. From **340** ft. to **360** ft.
 GRAVEL PACK INTERVALS: From **25** ft. to **360** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals From **0** 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 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)
Non observed
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Top soil			
2	16		Caliche			
16	31		Sand & gravel			
31	100		Brown sandy clay			
100	132		Sandy clay & sand & caliche stk			
132	140		caliche			
140	290		Sand fine to course			
290	315		Cemented sand & white rock			
315	316		Red clay			
316	330		White sandstone			
330	335		Red clay			
335	340		White sandstone & red clay			
340	360		Red & white rock			

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) **1/19/06** 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) **1/20/06** under the business name of **Tyler Water Well Service Inc** 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.

OFFICE USE ONLY

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