

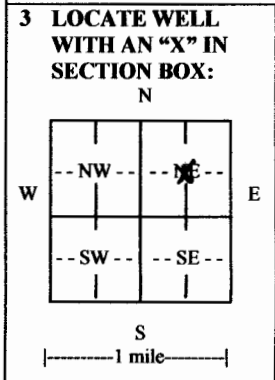
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

|   |  |  |                               |  |
|---|--|--|-------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Grant</b>  | Fraction<br>$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ NE $\frac{1}{4}$ | Section Number<br><b>24</b>  | Township No.<br>T <b>30</b> S | Range Number<br>R <b>37</b> <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"/> . |  | <b>Global Positioning System (GPS) information:</b><br>Latitude: ..... (in decimal degrees)<br>Longitude: ..... (in decimal degrees)<br>Elevation: .....<br>Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: .....)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>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:** Mike Arnold  
RR#, Street Address, Box #: **640 N Rd 1**  
City, State, ZIP Code : **Ulysses. KS 67880**



**4 DEPTH OF COMPLETED WELL** 440 ..... ft.  
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
WELL'S STATIC WATER LEVEL 155 .....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 3/4.....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 440 ..... 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 340 ..... ft. to 360 ..... ft., From 380 ..... ft. to 400 ..... ft.  
From 420 ..... ft. to 440 ..... ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From 25 ..... ft. to 440 ..... 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 25 ..... 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 South ..... Distance from well 50.....

| FROM | TO  | LITHOLOGIC LOG              | FROM | TO  | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|-----|-----------------------------|------|-----|--|
| 0    | 10  | Topsoil and Sand            | 300  | 315 | Brown Granular Sand Stone Lt Clay        |
| 10   | 50  | Brown Sandy Clay Lt Cliche  | 315  | 320 | Gray Clay                                |
| 50   | 84  | Sand Little Cliche          | 320  | 400 | Brown and White Sand Stone Lt Clay       |
| 84   | 100 | Brown Sandy clay            | 400  | 425 | Sand Stone and Clay                      |
| 100  | 155 | Sand and Gravel Little Clay | 425  | 440 |  |
| 155  | 157 | White Rock                  |      |     |  |
| 157  | 200 | Fine Sand Little Sandy Clay |      |     |  |
| 200  | 230 | Brown Clay                  |      |     |  |
| 230  | 264 | Clay Red,Brown,White,Yellow |      |     |  |
| 264  | 300 | Sand Stone With Clay        |      |     |  |

**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) 7-22-10..... 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) 8-4-10..... under the business name of Tyler Water Well Inc...... by (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 785-296-5522. 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>.