

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Scott</b> <b>NE</b> ¼ <b>SE</b> ¼ <b>NW</b> ¼	Section Number <b>13</b>	Township Number T <b>16</b> S    R	Range Number <b>33</b> E/W
Distance and direction from nearest town or city street address of well if located within city? <b>13 mi north of Scott City</b>		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

**2 WATER WELL OWNER: Lake Scott State Park**  
 RR#, St. Address, Box # : \_\_\_\_\_  
 City, State, ZIP Code : **Scott City KS 67871**

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <u>200</u> ft.
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL _____ 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
<b>WELL WATER TO BE USED AS:</b> 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 Domestic (lawn & garden)    10 Monitoring well <b>Geo-thermal</b>	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>x</b> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes <b>x</b> No _____	

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	<b>CASING JOINTS:</b> Glued _____ Clamped _____	
2 PVC	4 ABS	7 Fiberglass	<b>Poly</b>	Welded _____	<b>x</b>
Blank casing diameter <u>3/4</u> in. to <u>200</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				Threaded _____	
Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. _____					

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	9 ABS	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

1 Continuous slot	3 Mill slot	5 Guaze wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify) _____	

**SCREEN-PERFORATED INTERVALS:** From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement    2 Cement grout    3 Bentonite    4 Other \_\_\_\_\_

Grout Intervals From 0 ft. to 200 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	13 Insecticide Storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	

Direction from well? n/a How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil			
5	15	Brown clay			
15	27	Caliche & brown clay			
27	40	Black clay			
40	50	Sand & gravel			
50	55	Yellow clay			
55	220	Blue shale			

**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/year) 3/17/09 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) 3/24/09 under the business name of Tyler Water Well, Inc. by (signature) [Signature]

**INSTRUCTIONS:** Please fill in blanks or circle the correct answers. Send top three copies 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 to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.