

WATER WELL RECORD Form WW-5 KSA 82a-12

1 LOCATION OF WATER WELL: County: <u>Scott</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>12</u>	Township Number <u>T 18 S</u>	Range Number <u>R 32</u>
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Distance and direction from nearest town or city street address of well if located within city?
6 Miles East, 1 Mile North of Scott City, KS

2 WATER WELL OWNER: Schwalter Foundation Wabash Energy, Inc.
 RR#, St. Address, Box #: 900 N. Poplar Su. 200 Box 594
 City, State, ZIP Code: Newton, KS 67114-1969 Lawrenceville, Ill 62439
 Board of Agriculture, Division of Water Resources
 Application Number: 970419

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 105 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: 8 in. to 140 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:
 5 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 X; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
Blank casing diameter <u>4.5</u> in. to <u>100</u> in.	7 Fiberglass			Threaded _____
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u>				

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	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 100 ft. to 140 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 140 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 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:

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	

Direction from well? NE How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	138	140	Ochre & Shale
2	20	Loess			
20	26	Clay & Caliche			
26	41	Caliche & Cemented Sand w/Clay			
41	49	Fine To Med. Sand w/Clay			
49	53	Caliche & Clay			
53	61	Med. Sand w/Clay			
61	70	Med. Sand & Gravel			
70	74	Sandy Clay w/Sand Strks.			
74	84	Med. Sand & Gravel			
84	97	Cemented Sand, Caliche, & Sandstone			
97	101	Cemented Sand w/a Few Sand Strks.			
101	109	Cemented Sand w/Tight Sand Strks.			
109	130	Fine to Med. Sand & Gravel w/Clay Laysr.			
130	138	Sandy Clay w/Some Sand			

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) 11-19-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 11-20-97 under the business name of Woofter Pump & Well, Inc. by (signature) Paul W. Woofter

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.