

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

County: Scott

Location listed as:

Section-Township-Range: 19-19-32W

Fraction ( ¼ ¼ ¼): SW NW NW

Location changed to:

19-18-32W

SW NW NW

Other changes: Initial statements: use is Geothermal, was not stated.  
"Heat Pump installed at High School"

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Call from landowner researching wells in 19-32W,  
location of Scott City High School on Google Earth, KGS mapping  
program initials: DL date: 6/28/2010

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

**WATER WELL RECORD Form WWC-5 KSA 82a-1212**

1 LOCATION OF WATER WELL: County: <b>Scott</b>	Fraction SW 1/4 NW 1/4 NW 1/4	Section Number <b>19</b>	Township Number <b>T 8 S 19 R 32</b>	Range Number <b>E 11</b>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Scott Co. Unified School Dist. # 466**  
 RR#, St. Address, Box #: **712 Main**  
 City, State, ZIP Code: **Scott City, Ks**

Board of Agriculture, Division of Water Resources  
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: ..... ft. ELEVATION: ..... ft.
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Depth(s) Groundwater Encountered 1. **None** ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL **X** 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 ..... 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 Feedlot	6 Oil field water supply
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

5 TYPE OF BLANK CASING USED: **None**

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		Threaded .....

Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

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	8 RMP (SR)	11 Other (specify) .....
2 Brass	4 Galvanized steel	6 Concrete tile	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 ..... 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 **X** Bentonite 4 Other **20% Solid**

Grout Intervals: From **5** ft. to **500** 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)

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Overburden			None
6	500	Redbank 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) **2/13/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **661** This Water Well Record was completed on (mo/day/yr) **3/3/04** under the business name of **Ground Source Systems, Inc.** by (signature) **JP Higdon**

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.

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SEC.  
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