

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Scott	Fraction NW ¼ SW ¼ SW ¼	Section Number 18	Township Number T 18 S	Range Number R 32 E/W
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Distance and direction from nearest town or city street address of well if located within city? **Main & Third Street - Scott City, Kansas**

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER:
 RR#, St. Address, Box # : **Robinson Oil**
 City, State, ZIP Code : **710 N VFW Road**
Garden City, KS 67846

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

	NW	NE	
W			E
	SW	SE	
	x		

S

4 DEPTH OF COMPLETED WELL .160..... 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
 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 Domestic (lawn & garden) 10 Monitoring well **AS-22**.....

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:

1 Steel	3 RMP (SR)	6 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Asbestos-Cement	9 Other (specify below)	Welded.....
		8 Fiberglass		Threaded.....

Blank casing diameter **2**..... in. to ft., Diameter..... in. to ft., Diameter..... in. to ft.
 Casing height above land surface..... in., Weight **2.00**..... lbs./ft. Wall thickness or gauge No. **Sch 40 PVC**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 3 Mill slot	5 Guazed 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 **156**..... ft. to **158**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From **154**..... ft. to **160**..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Intervals: From **154**..... ft. to **0**..... 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	<input checked="" type="checkbox"/> 10 Livestock pens	13 Insecticide Storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<input checked="" type="checkbox"/> 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.5	25	Sand and silt			
25	60	Clay and caliche			
60	70	Sand with clay and caliche			
70	115	Clay with caliche			
115	125	Sand with clay and caliche			
125	130	Clay and caliche with trace sand			
130	142	Caliche with clay			
142	150	Sand with caliche and clay			
150	158	Sand			
158	160	Clay and caliche			

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) **04-09-08**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554 & 783**..... This Water Well Record was completed on (mo/day/year) **06-26-08**..... under the business name of **Woofter Pump & Well, Inc.** by (signature) *[Signature]*

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, 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.kdhe.state.ks.us/geo/waterwells>.