

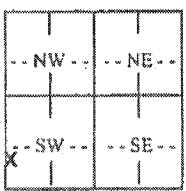
WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Scott	Fraction NW <input checked="" type="checkbox"/> NW ¼ SW ¼ SW ¼	Section Number 18	Township Number T 18 S	Range Number R 32 E/W
Distance and direction from nearest town or city street address of well if located within city? 112 S. Main, Scott City		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.485699 Longitude: 100.906272 Elevation: TOC 2977.29 Datum: WGS 84 Data Collection Method:		
2 WATER WELL OWNER: Robinson Oil RR#, St. Address, Box # : 710 North VFW Road City, State, ZIP Code : Garden City, KS 67846				

COPY per dealer 2/2/15

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4 DEPTH OF COMPLETED WELL ft. 170 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) <input checked="" type="checkbox"/> 10 Monitoring well MW-40 Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No <input checked="" type="checkbox"/>
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5 TYPE OF CASING USED: 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 4" Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface..... in., Weight.....lbs./ft. Wall thickness or gauge No. schedule 40	5 Wrought Iron <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/>	CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... <input checked="" type="checkbox"/>
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (Specify) 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RM (SR) <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 0.010 5 Gauzed wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 11 None (open hole) 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 8 Saw Cut <input type="checkbox"/> 10 Other (specify)		
SCREEN-PERFORATED INTERVALS: From ft. to 170 ft., From ft. to ft. From ft. to ft., From ft. to ft.		
GRAVEL PACK INTERVALS: From 137 ft. to 170 ft., From ft. to ft. From ft. to ft., From ft. to ft.		

6 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> <input checked="" type="checkbox"/> 3 Cement grout <input type="checkbox"/> <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other Grout Intervals: From 1 ft. to 137 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? How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Gravel at surface, then Silty CLAY			
7	17	Silt			
17	70	CLAY			
70	74	Gravelly SAND			
74	78	CLAY			
78	80	Caliche			
80	131	CLAY with caliche			
131	149	Caliche			
149	151	CLAY			
151	170	SAND, gravel			

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) **1-13-14** 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/year) **8-21-14**
under the business name of **Woofter Pump & Well** 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 785-296-5322. 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>.