

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

1 LOCATION OF WATER WELL: County: SCOTT	Fraction NE 1/4 SE 1/4 SE 1/4	Section Number L7	Township Number T 18 S	Range Number R 32 EW
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Distance and direction from nearest town or city street address of well if located within city?
3 MILES EAST, 1/2 mile north of Scott City, KS

2 WATER WELL OWNER: **Robert & Allan Hoeme**
 RR#, St. Address, Box # :
 City, State, ZIP Code : **Scott City, KS 67871**
 Board of Agriculture, Division of Water Resources
 Application Number: **2960**

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

N			
---	NW	---	NE
---	---	---	---
W	---	---	E
---	SW	---	SE
S			

X

4 DEPTH OF COMPLETED WELL: **150** ft. ELEVATION: **2960**

Depth(s) Groundwater Encountered 1. **115** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **115** ft. below land surface measured on mo/day/yr **4-15-93**

Pump test data: Well water was **147** ft. after **2** hours pumping **15** gpm
 Est. Yield **15** gpm Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **10** 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
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes **X** No _____

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued X Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **5** in. to **130** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **SCH 40**

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 **130** ft. to **150** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **150** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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? **south** How many feet? **500**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	top soil & cliche			
16	32	cliche & little clay			
32	45	sand (fine)			
45	53	cliche			
53	61	sand			
61	65	sandy clay			
65	82	cemented sand & little cliche			
82	114	sandy clay & little cliche			
114	118	sand			
118	130	cliche & little clay			
130	132	sandy clay			
132	140	sand (fine)			
140	150	yellow clay			

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) **4-15-93** 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/yr) **5-11-93** under the business name of **Tyler Water Well Service** 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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