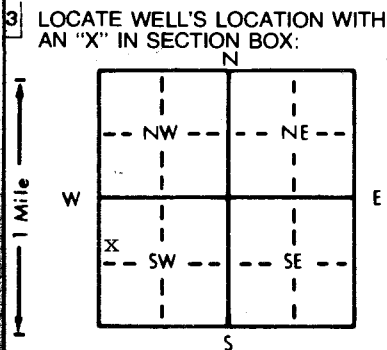


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>Scott</u>	Fraction SW ¼ NW ¼ SW ¼	Section Number <u>24</u>	Township Number T <u>18</u> S	Range Number R <u>33</u> E <u>W</u>
--	----------------------------	-----------------------------	----------------------------------	--

Distance and direction from nearest town or city street address of well if located within city?
Last house west on 12th street of Scott City

2 WATER WELL OWNER: Steve Edwards
 RR#, St. Address, Box #: 1101 W 12th Street
 City, State, ZIP Code: Scott City Ks 67871
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: 200 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 131 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 131 ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was 140 ft. after 2 hours pumping 10 gpm
 Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9.75 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 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 X No

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 <u>PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter 5 in. to 160 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 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) _____
 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 160 ft. to 200 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 25 ft. to 110 ft., From 130 ft. to 200 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 5 ft. to 25 ft., From 110 ft. to 130 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? North How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	Topsoil and clay	180	185	Caliche
16	40	Clay brown and white	185	190	Sand medium to coarse
40	63	Sand medium	190	200	Yellow clay
63	82	Clay and caliche			
82	98	Sand medium to coarse			
98	114	Brown clay and caliche streaks			
114	118	Sand medium			
118	125	Clay brown			
125	128	sand medium to coarse			
128	131	Caliche			
131	145	Sand medium			
145	164	Sand, caliche and clay streaks			
164	169	Sand medium			
169	174	Clay brown			
174	180	Sand medium			

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) 2-21-97 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) 2-24-97 under the business name of Tyler Water Well Service 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.