

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Scott</u>	Fraction <u>1/4 NW 1/4 NE 1/4</u>	Section Number <u>21</u>	Township Number T <u>18</u> S	Range Number R <u>33</u> E <u>(W)</u>
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Distance and direction from nearest town or city street address of well if located within city? \_\_\_\_\_

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

**2 WATER WELL OWNER:** Bill Winters  
 RR#, St. Address, Box # : 51 Hopi Lane  
 City, State, ZIP Code : Scott City, KS 67871

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

N					E
	--NW--			<b>X</b>	
	--SW--				
S					

**4 DEPTH OF COMPLETED WELL** ..... 134 ..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL..... 10.6 ..... ft. below land surface measured on mo/day/yr. 9-22-06.  
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm  
 Est. Yield...35...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  
 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

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 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> ..... Clamped.....
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter ..... 5 ..... in. to ..... 134 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface..... 12 ..... in., Weight..... lbs./ft. Wall thickness or guage No. 200 PSI.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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	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	<input checked="" type="checkbox"/> Saw Cut	10 Other (specify) .....	

SCREEN-PERFORATED INTERVALS: From..... 114 ..... ft. to ..... 134 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From..... 25 ..... ft. to ..... 134 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From ..... 5 ..... ft. to ..... 25 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 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? ...100.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil	111	117	med to coarse sand, small gravel
2	32	brown clay	117	118	brown clay
32	42	gs sum	118	122	small gravel, broken rock
42	64	coarse sand, small gravel	122	124	brown clay
64	68	" " " " cemented	124	133	med to coarse sand, small gravel
68	82	" " " "	133	140	yellow shale
82	92	brown clay, cemented sand streaks	140		black shale
92	98	coarse sand, small gravel, broken rock			
98	102	fine to med sand, clay streaks			
102	111	" " " " broken rock			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..9-22-06.. and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. ...532... This Water Well Record was completed on (mo/day/year) ...10-12-06.....  
 under the business name of Midwest Well & Pump Inc by (signature) Vectr Sulcup

**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>.