

**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>NE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>13</u>	Township Number <u>T 18 S</u>	Range Number <u>R 33 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city? N.W. Corner Highway 96 at Kingsley St  
NEW POLICE STATION & JAIL IN CITY

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
Latitude: ~~38.370~~ 38.4844 N  
Longitude: 100.9082 W  
Elevation: \_\_\_\_\_  
Datum: \_\_\_\_\_  
Data Collection Method: INTERNET GPS

**2 WATER WELL OWNER:** CITY OF SCOTT CITY  
RR#, St. Address, Box # : 221 WEST 5TH  
City, State, ZIP Code : SCOTT CITY, KS

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

N

NW	NE	SE	SW

S

**4 DEPTH OF COMPLETED WELL** ..... 200 ft.

32 Closed loop boreholes on a grid of 15' rows 20' spacing

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

Was a chemical/bacteriological sample submitted to Department? Yes ..... No  .....; If yes, mo/day/yr

Sample was submitted..... Water well disinfected? Yes ..... No  .....

1" UNI-COIL installed    UNABLE TO MEASURE STATIC WATER LEVEL  
BECAUSE BOREHOLE WOULD COLLAPSE BEFORE

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	10 Concrete tile

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 guage No. ....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	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	3 Mill slot	5 Gauzed 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..... ft. to ..... ft., From ..... ft. to ..... ft.

From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From..... ft. to ..... 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 2.5% Sodium Bentonite 9.5% s.s. u.t.

Grout Intervals: From ..... ft. to ..... ft., From 200 ft. to 4 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)
<u>2 Sewer lines</u>	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? ..... NORTH ..... How many feet? ..... 150 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	brown to redish CLAY	200	4	high solids bentonite grout
32	45	brown CLAY			
45	60	med to coarse SAND			
60	70	brown CLAY			
70	92	FINE TO med SAND			
92	120	light grey clay & caliche layers			
120	160	FINE SAND with CLAY layers			
160	180	FINE TO med SAND			
180	192	COARSE CLEAN SAND & GRAVEL			
192	200	Brown SHALE			

**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) 03..17..09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) 03..17..09 under the business name of Eubank Geo by (signature) Phillip Eubank

**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.kdheks.gov/waterwell/index.html>.