WATER WELL RECORD	Form WWC-5	Division of Water Resources		
1 LOCATION OF WATER WELL: County: Scott		E 1/4 13 T	wnship Number Range Number R 33 □E ⊠W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees)				
104 W. 5th St. Scott City, KS 67871	MW-2	Longitude: Elevation:	(in decimal degrees)	
2 WATER WELL OWNER: Kabredlo's Inc. Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27				
RR#, St. Address, Box # : 2601 West L St.		Collection Method:		
City, State, ZIP Code : Lincoln, NE 68522		GPS unit (Make/Model	☐ GPS unit (Make/Model: ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey	
		☐ Digital Map/Photo, ☐	Topographic Map, ☐ Land Survey	
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m 3 LOCATE WELL				
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SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr				
N WELL SSIAI	IC WATER LEVEL	It. below land surface meas	ured on mo/day/yr	
Pur	np test data: Well water wa	tt. after	hours pumping gpm	
NW NE EST. YIELD	gpm: Well water wa	tt. after	hours pumping gpm	
WELL WATER	TO BE USED AS: LI Pub	water supply Geothermal	☐ Injection well	
Domestic L	I rection Unitied water	supply Dewatering	☐ Other (Specify below)	
WELL WATER TO BE USED AS: □ Public water supply □ Geothermal □ Injection well □ Domestic □ Feedlot □ Oil field water supply □ Dewatering □ Other (Specify below) SW SE □ Irrigation □ Industrial □ Domestic-lawn & garden ☑ Monitoring well Was a chemical/bacteriological sample submitted to Department? □ Yes ☑ No				
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No If yes, mo/day/yr sample was submitted				
1 mile Water Well Disinfected?				
' '				
5 TYPE OF CASING USED:	l ⊠ PVC ∐ Other	<u></u>		
Casing diameter 4 in to 1	ped □ Welded □ 50 ft Diameter	hreaded ft Diam	otor in to ft	
CASING JOINTS: Glued Clamped Casing diameter Guin. to Casing height above land surface Casing height above Casing height above Casing				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify)				
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:				
☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)				
SCREEN-PERFORATED INTERVALS: From 120 ft. to 150 ft., From ft. to ft.				
From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 118 ft. to 150 ft., From ft. to ft.				
GRAVEL PACK INTERVALS:	From 118 f	to 150 ft., From	ft. to ft.	
	From	toft., From	ft. to ft.	
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other				
Grout Intervals From 2 ft. to 118 ft. From ft. to ft. From ft. to ft.				
What is the nearest source of possible contamination:				
□ Septic tank □ Lateral lines □ Pit privy □ Livestock pens □ Insecticide storage □ Other (specify below) □ Sewer lines □ Cesspool □ Sewage lagoon □ Fuel storage □ Abandoned water well				
☐ Watertight sewer lines ☐ Seepage		rtilizer storage Oil well/gas		
Direction from well Distance from well				
FROM TO LITHO	LOGIC LOG	ROM TO LITHO. LOC	G (cont.) or PLUGGING INTERVALS	
0 .5 Rebar reinforced	concrete		w/caliche and sand stringers	
.5 5 Fill Sand				
5 32 Clay, lean				
32 37 Clay, lean w/ calid 37 46 Sand, fine to med	gr. w/clay & caliche			
46 75 Clay, lean w/ calid				
75 89 Sand fine to med				
89 105 clay, w/ mod. Bed	ded caliche 2-3' thick			
105 145 Sand, fine interbe				
Gravel sized calic				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \square constructed, \square reconstructed, or \square plugged under my jurisdiction and was completed on (mo/day/year) 10/23/09 and this record is true to the best of my knowledge and belief.				
Kansas Water Well Contractor's License No. 554 of 783 . This Water Well Record was completed on (mo/day/year) 10/25/09 and this record is true to the best of my knowledge and belief.				
under the business name of Woofter Pump & Well, Inc. by (signature)				
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of				
Water, Geology Section, 1000 SW Jackson St., Su	ite 420, Topeka, Kansas 66612-13	7. Telephone 785-296-5522. Send	one to WATER WELL OWNER and retain	
one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.				