

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Scott</b> ¼ SE ¼ SE ¼ SE ¼	Section Number <b>13</b>	Township Number T <b>18</b> S	Range Number R <b>33</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .		<b>Global Positioning System (GPS) information:</b>		
<b>104 W. 5<sup>th</sup> St. Scott City, KS 67871      MW-5</b>		Latitude: _____ (in decimal degrees)		
		Longitude: _____ (in decimal degrees)		
		Elevation: _____		
<b>2 WATER WELL OWNER: Kabredlo's Inc.</b>		Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
RR#, St. Address, Box # : 2601 West L St.		Collection Method:		
City, State, ZIP Code : Lincoln, NE 68522		<input type="checkbox"/> GPS unit (Make/Model: _____)		
		<input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey		
		Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b>
	_____ <b>160</b> _____ ft. 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**5 TYPE OF CASING USED:**  Steel  PVC  Other

**CASING JOINTS:**  Glued  Clamped  Welded  Threaded

Casing diameter **4** in. to **160** ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **0** in., Weight **2.07** lbs./ft. Wall thickness or gauge No. **.237**

**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 **130** ft. to **160** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From **128** ft. to **160** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other

Grout Intervals From **2** ft. to **128** 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 pit  Feedyard  Fertilizer storage  Oil well/gas well **Contaminated site**

Direction from well \_\_\_\_\_ Distance from well \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	.5	Rebar reinforced concrete			Sand layers, thinly bedded
.5	3	Fill, silty sand	140	148	Caliche w/ thin clay layers
3	20	Clay, lean sandy	148	153	Sand, med grain w/ caliche layers
20	32	clay, lean	153	160	sand, clayey w/ thin caliche beds
32	40	Lean clay w/thin bedded caliche nodules			
40	48	clay, lean, fine sandy w/ caliche nodules			
48	75	clay, lean w/ caliche lenses			
75	115	Sand, f to med, mod. Bedded w/ thin Clay and caliche layers			
115	140	Clay, lean w/ caliche nodules, occasional			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **10/27/09** 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) **10-29-09**

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., Suite 420, Topeka, Kansas 66612-1367. 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>.