

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

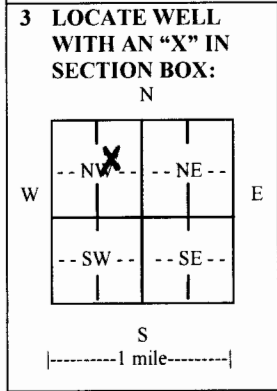
3,886

1 LOCATION OF WATER WELL: County: Scott	Fraction ¼ SW ¼ NE ¼ NW ¼	Section Number 13	Township No. T 18 S	Range Number R 33 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here approx. 1/2 mile northwest from Scott City, KS

Global Positioning System (GPS) information:
 Latitude: **38.49411**..... (in decimal degrees)
 Longitude: **100.91835**..... (in decimal degrees)
 Elevation:
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: **C & S Farms**
 RR#, Street Address, Box #: **808 West 8th Street**
 City, State, ZIP Code : **Scott City, KS 67871**



4 DEPTH OF COMPLETED WELL **202**..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL **138**.....ft. below land surface measured on mo/day/yr. **12/19/10**.....
 Pump test data: Well water was **174**.....ft. after **4**..... hours pumping **200**..... gpm
 EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm
 Bore Hole Diameter **24**.....in. to **202**.....ft., andin. toft.
 WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden 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: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **.16**..... in. to **.202**..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **.12**..... in., Weight **42.09**.....lbs./ft., Wall thickness or gauge No. **.0250**.....
 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 **.142**..... ft. to **.182**..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **.20**..... ft. to **.202**..... 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 **.0**..... ft. to **.20**..... 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 **None Detected**
 Direction from well **None Detected**..... Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	top soil	126	145	coarse sand, small gravel
2	34	brown clay	145	152	cmdt fn-md snd few fn-md snd strks
34	47	sandy brown clay	152	158	fn-md snd, cmd fn snd & br cly stks
47	68	fine to med sand	158	163	brown clay, cemented sand
68	82	snd md-crse, sm grvl, white brkn rk	163	172	fn-md snd, cmd fn snd & br cly stks
82	96	brwn sndy cly gypsum few md snd stk	172	182	md snd some sm arvl wht brkn rk chp
96	100	cemented sand	182	199	yellow soapstone
100	110	crse-very crse snd sm-md cmdt grvl	199	202	black shale
110	118	crse-very crse snd sm-med grvl			
118	126	coarse sand, small gravel			

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) **12/19/10**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **145**..... This Water Well Record was completed on (mo/day/year) **12/17/11**..... under the business name of **Hydro Resources Mid Continent**..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. 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 copy 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>.