

**WATER WELL RECORD**

Form WWC-5

Division of Water Resources; App. No.

0048484

**1 LOCATION OF WATER WELL:** County: **Scott** Fraction **SE 1/4 SE 1/4 NE 1/4 SE 1/4** Section Number **13** Township Number **T 18 S** Range Number **R 33 E/W**

Distance and direction from nearest town or city street address of well if located within city? **Approx. 150' N of W. 1st and Court St., Scott City**

**2 WATER WELL OWNER:** **Scott City COOP**  
 RR#, St. Address, Box # : **410 East 1st Street**  
 City, State, ZIP Code : **Scott City Kansas, 67871**

**Global Positioning Systems (decimal degrees, min. of 4 digits)**  
 Latitude: **38.486936**  
 Longitude: **100.908222**  
 Elevation: **TOC 2975.10**  
 Datum: **GPS**  
 Data Collection Method: **Garmin Handheld #12**

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

N			
W	NW	NE	
S	SW	SE	X

**4 DEPTH OF COMPLETED WELL** **170** ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL **150.75** ft. below land surface measured on mo/day/yr. **12-19-12**  
 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 **MW-148**

Was a chemical/bacteriological sample submitted to Department? Yes..... No : If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes..... No

**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....  
**2 PVC** 4 ABS 7 Fiberglass Threaded

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 gauge No. **schedule 40**

**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 0.010** 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 **170**..... ft., From..... ft. to..... ft.  
 From..... ft. to..... ft., From..... ft. to..... ft.

**GRAVEL PACK INTERVALS:** From **137**..... ft. to **170**..... 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.....  
 Grout Intervals: From **137**..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock per s 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?.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.5	2	Gravel/surface			
2	24	SILT			
24	60	Silty CLAY with caliche and sand			
60	98	SAND with clay and caliche			
98	140	Silty CLAY with caliche and sand			
140	154	SAND with clay and caliche			
154	167	CLAY and caliche with sand			
167	173	SAND with clay and caliche			

**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) **12/7/2012** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554**. This Water Well Record was completed on (mo/day/year) **12/8/13** under the business name of **Woofter Pump & Well** by (signature) *[Signature]*

**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, Ecology 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>.