WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No. [____]

1 LOCATION OF WATER WELL:

	Fraction				Section Number	Township Number	Range Number
County: Scott	SE 1/4	SE ¼ NE	¼ SE ¼		13	T 18 S	R 33 E/W

Distance and direction from nearest town or city street address of well if located within city? **101 N. Main, Scott City**

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: **38.486771**
Longitude: **100.907622**
Elevation: **TOC 2977.37**
Datum: WGS 84
Data Collection Method:

2 WATER WELL OWNER: Scott Coop
RR#, St. Address, Box # : 1st and Antelope
City, State, ZIP Code : Scott City, KS 67871

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

```
        N
   +----+----+
   |-NW-|-NE-|
 W |    |    | E
   +----+----+
   |-SW-|-SE-|
   |    |   X|
   +----+----+
        S
```

4 DEPTH OF COMPLETED WELL ...170.3.................. 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: 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 IW-3 ....

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:

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

Blank casing diameter ....**1"**..... in. to **166.3**......... ft., Diameter.**1"**.......... in. to **168.3-170.3** ft., Diameter .... in. to ....ft.
Casing height above land surface..................... in., Weight.................lbs./ft.   Wall thickness or guage 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 Steal   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 Guazed 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**166.3**............ ft. to **168.3**........... ft., From .... ft. to .... ft.
From................. ft. to .... ft., From .... ft. to .... ft.
GRAVEL PACK INTERVALS: From**163.5**........... ft. to ..**170.3**.... 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 .**1'**......... ft. to .**163.5**...... 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 pens   13 Insecticide Storage   16 Other (specify
2 Sewer lines   5 Cess pool   8 Sewage lagoon   11 Fuel storage   14 Abandoned water well   below)
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	0.5	gravel			
0.5	20	SILT			
20	36	Silty CLAY			
36	60	CLAY with caliche			
60	88	SAND			
88	124	CLAY with caliche			
124	142	CALICHE with clay			
142	170.3	SAND with gravel			

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) **7/3/14**............. 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) **8-21-14**............
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, underling 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.kdhe.state.ks.us/geo/waterwells.

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