

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

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? In W. 1st St, Scott City		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.486516 Longitude: 100.90783 Elevation: TOC 2976.10 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 <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td> </td><td>--NE--</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td> </td><td>--SE--</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> S				--NW--		--NE--				--SW--		--SE--				4 DEPTH OF COMPLETED WELL 170 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-11 Was a chemical/bacteriological sample submitted to Department? Yes..... No <input checked="" type="checkbox"/>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes..... No <input checked="" type="checkbox"/>
--NW--		--NE--														
--SW--		--SE--														

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass Blank casing diameter 1" in. to 166 ft., Diameter 1" in. to 168-170 ft., Diameter..... in. to..... ft. Casing height above land surface..... in., Weight.....lbs./ft. Wall thickness or gauge No. schedule 40	CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... <input checked="" type="checkbox"/>
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 166 ft. to 168 ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.	
GRAVEL PACK INTERVALS: From 164 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 **1'** ft. to **164** 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 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

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	asphalt			
0.5	20	SILT			
20	35	Silty CLAY			
35	62	CLAY with caliche			
62	94	SAND with caliche and clay			
94	123	CLAY with caliche			
123	141	CALICHE and clay			
141	170	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) **6/27/14** 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) *John C. Woofter*

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, 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>.