| WATER WE   | LL RECORD   | Form WW   | 'C-5   | Division of Wate        | r Resources; App. No.                  |  |  |
|--|---|---|--|-------------------------|--|--|--|
| I LOCATIO  | OF WATER WELL:  | Fraction  | 20. 622  | Section Number          | Township Number                        | Range Number                           |  |
| County: 5c   |   | SE 1/4 SE 1/4 NE 1/4 NO or city street address of | SE 1/4   | 13                      | T 18 S                                 | R 33 E/W                               |  |
|  |   |   | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.486517 |                         |  |  |  |
| located within city? in W. 1st St, Scott City  |   |   |  | Longitude: 100.907766   |  |  |  |
| 2 WATER WELL OWNER: Scott Coop  1st and Antelope   |   |   |  | Elevation: TOC 2975.87  |  |  |  |
| RR#, St. Address, Box # Scott City, State, ZIP Code Store City, Ks 67871   |   |   |  | Datum: WGS 84           |  |  |  |
|  |   |   |  | Data Collection Method: |  |  |  |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL  |   |   |  |                         |  |  |  |
| WITH AN "X" IN Depth(s) Groundwater Encountered (1)  |   |   |  |                         |  |  |  |
| SECTION BOX: WELL'S STATIC WATER LEVEL   |   |   |  |                         |  |  |  |
| N Pump test data: Well water was   |   |   |  |                         |  |  |  |
| Est. Yieldgpm: Well water was  |   |   |  |                         |  |  |  |
| 1 3  | " NW " " " NE " 1 Days at 2 English to Cit Gold water grants 0 Days taring 12 Other (Specify below) |   |  |                         |  |  |  |
| W 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well IW-13  |   |   |  |                         |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No√; If yes, mo/day/yrs   |   |   |  |                         |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No  |   |   |  |                         |  |  |  |
| Sample was submitted   |   |   |  |                         |  |  |  |
| 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  |   |   |  |                         |  |  |  |
| Z PVC 4 ABS 7 Fiberglass Threaded  |   |   |  |                         |  |  |  |
| 2 PVC   4 ABS   7 Fiberglass   Threaded  |   |   |  |                         |  |  |  |
| Casing height above land surface in., Weightlbs./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)  |   |   |  |                         |  |  |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)   |   |   |  |                         |  |  |  |
| From   |   |   |  |                         |  |  |  |
| GRAVEL PACK INTERVALS: From 163 ft. to 169.5 ft., From ft. to ft.  |   |   |  |                         |  |  |  |
| From   |   |   |  |                         |  |  |  |
| 6 GROUT MATERIAL: 1 Neat coment 2 Coment grout 3 Bentonite 4 Other   |   |   |  |                         |  |  |  |
| Grout Intervals: From 1  |   |   |  |                         |  |  |  |
| 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 Sewago-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   |   |   |  |                         |  |  |  |
|  | well?   |   | How ma   | my feet?                |  | ************************************** |  |
| FROM TO  |   | DLOGIC LOG  | FRO  | M TO                    | PLUGGING INT                           | <u> ERVALS</u>                         |  |
| 0 0.5<br>0.5 20  | asphalt<br>SILT   |   |  |                         |  |  |  |
| 20 35  | Sity CLAY   |   |  |                         | ************************************** |  |  |
| 35 61  | CLÁY With callche   |   |  |                         | ************************************** | <u></u>                                |  |
| 61 95  | SAND with callche   | and clay  | ***************************************  |                         |  |  |  |
| 95 112   | CLAY with caliche   |   |  |                         |  |  |  |
| 112 123<br>123 140   | SAND  |   |  |                         | ······································ |  |  |
| 140 169  | CALICHE and clay  | 35 . 3  | 1  |                         |  |  |  |
|  | SAND with clay and  | calicite  |  |                         |  | ************************************** |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged  |   |   |  |                         |  |  |  |
| - Three my arising and was completed on the gray/year  |   |   |  |                         |  |  |  |
| Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)   |   |   |  |                         |  |  |  |
| under the business name of Woofter Pump & Well by (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, Geology Section, 1000 SW Jackson St./Suit/ 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   |   |   |  |                         |  |  |  |