LDCATION OF WATER WELL Fraction County Seed See N Se N Se N See Seed Section Number Township N	WATER	WELL	RECORD	Form WWC	:-5	Division of Wat	er Resources; App. No.		
Distance and direction from nearest sown or city street address of well if Located within city? In W. 1st 91, Soott City WATER VIELL OWNER. Sept Easy RR8, St. Address, Box 9 (st. Soot City) RR8, St. Address, Box 9 (st. Soot Andress) RR8, St. Address, Box 9 (st. Soot Andress) RR8, St. Address, Box 9 (st. Soot Andress) LOCATION RR8, St. Address, Box 9 (st. Soot Andress) LOCATION WITH AN "X" IN SECTION BOX: Pump locat data: Well water was				Fraction	e> 800	1			
Latitude 28.46648 Longitude 100.879788 Longitude 100.879788 Elevation: 100.2875.84 Longitude 100.879788						1 '			
WATER WELL I AWNER: Seath Easy Seath Eas									
2 WATER WELL OWNER: RRS, 5th Address, Box 6 Seed Cox, 88 strat City, State, ZIP Code Seed Cox, 88 strat City, State, ZIP Code Seed Cox, 88 strat Dature: LOCATION WITH AM "X" IN SECTION BOX: WITH AM "X" IN SECTION BOX: WELL'S STATIC WATER (LEVEL 6, below land surface measured on modaly)? WITH AM "X" IN SECTION BOX: WELL'S STATIC WATER (LEVEL 6, below land surface measured on modaly)? WITH AM "X" IN SECTION BOX: WELL WATER TO BUSING DAY SECTION BOX: Was a chemical/bacteriological sample submitted to Department? Yes. No	in W. 1st St, Scott City					i Laiiiuu.			
RRM, 51. Address, But # Bees Cise, NS 67872 City, State, CIP Code Datt Collection Method: 3. GOCATE WELLS 4. DEPTH OF COMPLETED WELL 389. Depth(s) Groundwater Encountered (1). B. (2). B. (3). Depth(s) Groundwater Encountered (1). B. (2). B. (3). Depth(s) Groundwater Encountered (1). B. (2). B. (3). Depth(s) Groundwater Encountered (1). Ext. Yield. SECTION BOX: WELL STATIC WATER LEVEL. B. (bow land surface measured on mandaylyr. Pump test date: Well water was. B. after. Bowrs pumping. Sey Sield. Sey Sield. Sey Well Water was. B. after. Bowrs pumping. Sey Sield.	2 WATER WELL OWNER. Scott Coop					Clausian TOC 2975.44			
City, State, ZIP Code 1. LOCATION WITH AN *2" IN SECTION BOX: WELL'S STATIC WATER LEVEL			_ Day # 1st and Antelope	* 4					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL				71		§	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
WTH AM "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		SAS SANSUSA SASSAS A	RN			***************************************	
WITH AN N'X' IN SECTION BOX: WELL STATIC WATER LEVEL	10 400 40 40 4		L'2 4 DELTH OF COM	FLEIED WELL.		******************	*		
SECTION BOX: N Plung tost date: Well water was fit after bours pumping. gpm Est, Yield. gpm: Well water was fit after. bours pumping. gpm Est, Yield. gpm: Well water was fit after. bours pumping. gpm Est, Yield. gpm: Well water was fit after. bours pumping. gpm Est, Yield. gpm: Well water was fit after. bours pumping. gpm Est, Yield. gpm: Well water was fit after. bours pumping. gpm Est, Yield. gpm: Well water was fit after. bours pumping. gpm Est, Yield. gpm: Well water was fit after. bours pumping. gpm I Domessite 3 Feedlot 6 Oil field water supply 8 Air conditioning II Injection well 9 Deveatering 12 Other (Specify below) 1 Sumple was submitted. Water well distinfected? Yes. No if yes, molday/yrs Sample was submitted. Water well distinfected? Yes. No if yes, molday/yrs Sample was submitted. Water well distinfected? Yes. No if yes, molday/yrs Sample was submitted. Water well distinfected? Yes. No if yes, molday/yrs Sample was submitted. Water well distinfected? Yes. No if yes, molday/yrs Sample was submitted. Scange in the pumping. gpm 1 State			IN Denth(s) Groundwate	r Encountered (1)		ft. (2)		A.	
Pump tost data: Well water was fi. after hours pumping gpm www			1 *						
Est, Yield	6,7 %,9 %,4 %		Pumo test dat	a: Well water was		ft. after	hours pumping	gpm	
WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 Other (Specify below) 1 Domestic 3 Feedlot 6 of lifelid water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 1 Was a chemical/bacteriological sample submitted to Department? Yes			7 Est. Yieldgo	n: Well water was		N. after	hours pumping.	gpm	
Second Content Conte			WELL WATER TO	BE USED AS: 5 Pul	olic water	supply 8 Air			
Section Sect		NE-	1 1 2 20	edlot 6 Oil fiel	d water s	upply 9 De	watering 12 Of	her (Specify below)	
Sample was submitted	``		2 Irrigation 4 In	dustrial 7 Domes	tic (lawn	& garden) 10 Mo	nitoring well IW-22		
Sample was submitted	510					9	,		
S TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued	1 3 W	1 1 35	Was a chemical/bacte	riologi <mark>cal sample su</mark> t	mitted to	Department? Yes	No	If yes, mo/day/yrs	
5 TYPE OF CASING USED: 5 Wrought Iron 1 Steel 3 RAMP (SR) 6 Asbestos-Cement 9 Ofther (specify below) 1 Steel 2 RAMP (SR) 6 Asbestos-Cement 9 Ofther (specify below) 1 Steel 3 RAMP (SR) 6 Asbestos-Cement 9 Ofther (specify below) 1 Steel 3 RAMP (SR) 6 Asbestos-Cement 9 Ofther (specify below) 1 Treaded.			J Sample was submitte	d.,	Wa	er well disinfected?	' Yes No	<i></i>	
Steel		S	on Committee						
Steel 3 RAMP (SR) 6 Asbestos-Coment 9 Other (specify below) Welded. Threaded.	5 TYPE	OF CASI	NG USED: 5 Wrough	Iron 8 Cor	icrete tile	CASIN	G JOINTS: Glued	Clamped	
Casing height above land surface	1.5	Steel	RMP (SR) 6 Asbesto	s-Coment 9 Oth	er (specif	ỳ below)			
Casing height above land surface	2 1	PVC 4	I ABS 7 Fibergla	is		*****************	Threades	J	
Casing height above land surface	Blank ca	sing diame	ter1" in. to 176	ft., Diameter. 1."		in to 178-189 N	., Diameter	in. to	
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 13 Mill slot 0.016 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 17.6 ft. to .17.8 ft. to .18.8 ft.	Casing h	eight abov	e land surface	in., Weight		lbs/ft. Wall th	iickness or guage No.	.schedule 40	
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPEN INGS ARE: 1 Continuous slot 3 Mill slot 0.010 5 Guazed wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 17.6 ft. to 17.8 ft. to 17.8 ft. to 1.7 ft. t									
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 0.010 5 Guazed wrapped 7 Torch cut 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 1.76 ft. to 1.78 ft. to ft. from ft. from ft. to ft. from ft. to ft. from ft. from ft. ft. from ft. from ft. from ft. from ft. from ft. ft. ft. from ft. ft. from ft. ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft.	1.5								
1 Continuous slot 3 Mill slot 0.010 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)					R) 10	Asbestos-Cement	12 None used (oper	ı hole)	
2 Louvered shutter	SCREEN OR PERFORATION OPENINGS ARE:								
SCREEN-PERFORATED INTERVALS: From 176. ft. to 178 ft., From ft. to ft. From ft						9 Drilled noies	e.	oie)	
From	l nances	Louverea s	nutter 4 Key punched 0	wire wrapped 8	58W CUI	10 Omer (speci	iy)	······	
From ft. to ft., From ft. to ft., From ft. to ft.	SUREEN-PERPURATED INTERVALS: From:								
From ft. to ft., From ft. to ft., From ft. to ft.	CDAVEL DACK INTERVALE. From 174 B to 180 B From B to B								
GROUT MATERIAL: I Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 1	From the A From the A								
Grout Intervals: From 1'						,			
What is the nearest source of possible contamination: I Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewago-lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 14 Abandoned water well below) Direction from well? How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS U U.5 asphalt 0.5 20 SILT 20 38 Silty CLAY 38 58 CLAY and caliche 58 67 SAND with clay and caliche 67 109 CLAY and caliche with sand 109 114 SAND with caliche and clay 114 124 CLAY and caliche with sand 124 141 CALICHE and clay with sand 141 180 SAND with clay and caliche 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 11 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (myd/day/year) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and storage well. Visit us at 185.20 Seed one to WATER WELL OWNER and creation one for your records. Fee of \$5.00 for each constructed well. Visit us at 185.20 Seed one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at 195.20 Seed one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at 195.20 Seed one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at 195.20 Seed one to WATER WELL OWNER and retain one for your records.	6 GRO	UT MATE							
I Septic tank 2 Sewer lines 5 Cess pool 8 Sewago-lagoon 1 I Fuel storage 1 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 1 2 Fertilizer Storage 1 15 Oil well/gas well 1 Fuel storage 1 1 Fuel storage 1 1 Fuel storage 1 1 Fuel storage 1 1 Abandoned water well below) 1 FROM TO U 5 LITHOLOGIC LOG FROM TO U 5 asphalt 0.5 20 SILT 20 38 Silty CLAY 38 58 CLAY and callche 58 67 SAND with clay and callche 67 109 CLAY and callche with sand 109 114 SAND with callche and clay 114 124 CLAY and callche with sand 124 141 CALICHE and clay with sand 141 180 SAND with clay and callche 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [1) constructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 1NSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and 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 1NSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and created well. Visit us at 15 Oil well/gas well. 15 Oil well/gas well by (signature) 15 Oil well/gas well 16 Other (specify below) 15 Oil well/gas well 17 Oil well/gas well 18 Oil well/gas well 18 Oil well/gas well 18 Oil well/gas well 19 Oil well/gas well 10 Oil wel					1. x + k x + + + + a +	fl. to	ft., From	fl. to	
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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 and filling or circle the private answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geslogy 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	Kanese	iy janisancu Water Wal	Contractor's License No 95	Thic Wat	er Well D	ecord was complete	ed on @ho/dav/vear\ ?"	21-14	
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