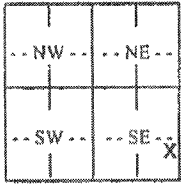


**WATER WELL RECORD**

Form WWC-5

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> Country: <b>Scott</b>	Fraction <b>SE 1/4 SE 1/4 NE 1/4 SE 1/4</b>	Section Number <b>13</b>	Township Number <b>T 18 S</b>	Range Number <b>R 33 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>In W. 1st St, Scott City</b>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <b>38.486546</b> Longitude: <b>100.907368</b> Elevation: <b>TOC 2975.44</b> Datum: <b>WGS84</b> Data Collection Method:		
<b>2 WATER WELL OWNER:</b> <b>Scott Coop</b> RR#, St. Address, Box # : <b>1st and Antelope</b> City, State, ZIP Code : <b>Scott City, KS 67871</b>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W E S 	<b>4 DEPTH OF COMPLETED WELL</b> <b>180</b> 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) <input checked="" type="checkbox"/> 10 Monitoring well <b>1W-22</b> 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"/>
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<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass Blank casing diameter ..... 1"..... in. to <b>176</b> ..... ft., Diameter. 1"..... in. to <b>178-180</b> ..... ft., Diameter ..... in. to .....ft. Casing height above land surface..... in., Weight.....lbs./ft. Wall thickness or gauge No. <b>schedule 40</b> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 3 Mill slot <b>0.010</b> 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 <b>176</b> ..... ft. to <b>178</b> ..... ft., From ..... ft. to ..... ft. From.....ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From <b>174</b> ..... ft. to <b>180</b> ..... ft., From ..... ft. to ..... ft. From.....ft. to ..... ft., From ..... ft. to ..... ft.
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<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other ..... Grout Intervals: From 1'..... ft. to <b>174</b> ..... 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 Direction from well? ..... How many feet? .....
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	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  (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **7/2/14** 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 **Wooffer 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, 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>.