

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Scott	Fraction SW ¼ SW ¼ NE ¼	Section Number 25	Township Number T 19 S	Range Number R 33 E/W
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Distance and direction from nearest town or city street address of well if located within city? **181 N. Front Street**

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: **38.375297**
 Longitude: **100.914191**
 Elevation: **2948.21' TOC**
 Datum: _____
 Data Collection Method: **GPS**

2 WATER WELL OWNER: **Crop Production Services**
 RR#, St. Address, Box # : **181 N. Front Street**
 City, State, ZIP Code : **Scott City (Shallow Water), KS 67871**

<p>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <p style="text-align: center;">N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">W</td> <td style="width: 20px; text-align: center;">NW</td> <td style="width: 20px; text-align: center;">NE</td> <td style="width: 20px; text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table>	W	NW	NE	E		X				SW	SE			S			<p>4 DEPTH OF COMPLETED WELL ...130'..... ft.</p> <p>Depth(s) Groundwater Encountered (1) 88.57'..... ft. (2)..... ft. (3)..... ft.</p> <p>WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr. 4/19/10.....</p> <p>Pump test data: Well water was.....ft. after..... hours pumping..... gpm</p> <p>Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</p> <p>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</p> <p>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well ..MW-2.....</p> <p>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"/>.....</p>
W	NW	NE	E														
	X																
	SW	SE															
	S																

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued..... Clamped.....
2 PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter **4**..... in. to **0**..... ft., Diameter **4**..... in. to **90**..... ft., Diameter..... in. to..... ft.

Casing height above land surface. **0.47**..... in., Weight.....lbs./ft. Wall thickness or gauge 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 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 0.01"	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 **100**..... ft. to **130**..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From **98**..... ft. to **130**..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other.....

Grout intervals: From **0**..... ft. to **88**..... 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?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	SAND			
2	83	CLAY and caliche			
83	110	CLAY			
110	130	SAND with Clay			

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) **4/13/10**..... and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **554 & 783** This Water Well Record was completed on (mo/day/year) **5/23/10**.....

under the business name of **Woolter 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 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>.