

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. [ ]

**1 LOCATION OF WATER WELL:**  
 County: Riley Co. Fraction: NE 1/4 SE 1/4 SW 1/4 Section Number: 32 Township Number: T 10 S Range Number: R 7 E/W

Distance and direction from nearest town or city street address of well if located within city? 3 1/2 Miles West of 18 Hwy to Airport **Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
**2 WATER WELL OWNER:** Smoky Hill Const LLC Elevation: \_\_\_\_\_  
 RR#, St. Address, Box #: 645 E Crawford St Ste 1 Datum: \_\_\_\_\_  
 City, State, ZIP Code: Salina, KS 67401 Data Collection Method: \_\_\_\_\_

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

N

--NW--	--NE--
--SW--	--SE--

S

**4 DEPTH OF COMPLETED WELL** ..... 40 ..... ft.

Depth(s) Groundwater Encountered (1) 21 ..... ft. (2) ..... ft. (3) ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 21 ..... ft. below land surface measured on mo/day/yr.....  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 60 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 CONST. WELL  
TEMPORARY

Was a chemical/bacteriological sample submitted to Department? Yes  No   
 Sample was submitted ..... Water well disinfected? Yes  No

**5 TYPE OF CASING USED:** 1 Steel  3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)  
 PVC 4 ABS 7 Fiberglass

CASING JOINTS: Glued ..... Clamped .....  
 Welded .....  
 Threaded .....

Blank casing diameter ..... 5 ..... in. to ..... 20 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 3 ..... in., Weight 5ch 40 lbs./ft. Wall thickness or gauge No. ....

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 35-5000's 5 Quazed 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 ..... 20 ..... ft. to ..... 40 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... 20 ..... ft. to ..... 40 ..... 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 ..... 0 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: None Close

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	1	TOP SURF			
15	15	Brown Clay			
21	21	Sandy Brown Clay			
24	24	Fine to Medium sand (Water)			
24	40	Course Sand			

**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) 4/18/2007 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 451 This Water Well Record was completed on (mo/day/year) 5/8/2007  
 under the business name of Moldeman Well Drilling (signature) Craig E. Moldeman

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline, 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>.