

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

20100288

1 LOCATION OF WATER WELL: County: Reno		Fraction NE ¼ SW ¼ NE ¼ NW ¼		Section Number 15		Township No. T 22 S		Range Number R 7 ☐ E ☒ W																																																																															
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ .					Global Positioning System (GPS) information: Latitude: 38.14218..... (in decimal degrees) Longitude: 098.08117..... (in decimal degrees) Elevation: 1599..... Datum: ☐ WGS 84, ☐ NAD 83, ☒ NAD 27 Collection Method: ☐ GPS unit (Make/Model: Garmin csx.....) ☐ Digital Map/Photo, ☒ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m																																																																																		
2 WATER WELL OWNER: Smoky Hill LLC RR#, Street Address, Box #: 645 E. Crawford Street City, State, ZIP Code : Salina, Kansas 67401					3 LOCATE WELL WITH AN "X" IN SECTION BOX: 																																																																																		
4 DEPTH OF COMPLETED WELL 35..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 8 1/2..... ft. below land surface measured on mo/day/yr. 9-20-10..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 28..... in. to 35..... ft., and in. to ft. WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☒ Dewatering ☐ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted..... Water well disinfected? ☒ Yes ☐ No																																																																																							
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded Casing diameter 16..... in. to 15..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12..... in., Weight SCH 40..... lbs./ft., Wall thickness or gauge No. 500..... TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☒ Saw cut ☐ Other (specify) SCREEN-PERFORATED INTERVALS: From 15..... ft. to 35..... ft., From ft. to ft. GRAVEL PACK INTERVALS: From 35..... ft. to 1..... ft., From ft. to ft. From ft. to ft., From ft. to ft.																																																																																							
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☒ Other none..... Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☒ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Direction from well West..... Distance from well 10'.....																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>6</td> <td>Tan clay-silty</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>20</td> <td>Med. to coarse sand & gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>35</td> <td>Med. sand & gravel</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Top soil				2	6	Tan clay-silty				6	20	Med. to coarse sand & gravel				20	35	Med. sand & gravel																																																			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 9-20-10..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134..... This Water Well Record was completed on (mo/day/year) 9-30-10..... under the business name of Rosencrantz-Bemis Ent..... by (signature) <i>Dennis Dodson</i>																																																																																							
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																																																							