

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Smith	NW ¼ NW ¼ NW ¼	22		T 3 S	R 13 W	
Distance and direction from nearest town or city street address of well if located within city? 215 E. Hwy 36 Smith Center, KS				Global Positioning System (decimal degrees, min. of 4 digits)		
2 WATER WELL OWNER: Murphy's Service (Formerly)				Latitude: N 39.78473°		
Ellsworth Murphy				Longitude: W 98.78403°		
RR#, St. Address, Box # : 316 E. Court St.				Elevation: RIM: 1796.11; TOC: 1795.70		
City, State, ZIP Code : Smith Center, KS 66967				Datum: above mean sea level		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL 30 ft.		
<div style="text-align: center;"> </div>				MW5		
				Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.		
				WELL'S STATIC WATER LEVEL 17.81 ft. below land surface measured on mo/day/yr 8/14/08		
				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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)						
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr						
Sample was submitted _____				Water Well Disinfected? Yes _____ No X		
5 TYPE OF CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
		7 Fiberglass				CASING JOINTS: Glued _____ Clamped _____
						Welded _____
						Threaded X
Blank casing diameter 2 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height below land surface 0.41 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)
						9 ABS
						11 Other (specify)
						10 Asbestos-Cement
						12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 Mill slot		5 Gauze wrapped		7 Torch cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut
						9 Drilled holes
						11 None (open hole)
SCREEN-PERFORATED INTERVALS:						
From 15		ft. to 30		ft. From _____		ft. to _____
From _____		ft. to _____		ft. From _____		ft. to _____
GRAVEL PACK INTERVALS: From 14		ft. to 30		ft. From _____		ft. to _____
From _____		ft. to _____		ft. From _____		ft. to _____
6 GROUT MATERIAL:						
1 Neat cement		2 Cement grout		3 Bentonite		4 Other Concrete: 0-2 ft.
Grout Intervals From 2 ft. to 14 ft.		From _____ ft. to _____ 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
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		13 Insecticide Storage
						14 Abandoned water well
						15 Oil well/ gas well
						16 Other (specify below)
Direction from well? NE				How many feet? ~110		
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	1	Brown silty clay, some sand and				
		limestone gravel, nearly dry, no odor				
3	10	Brown clayey silt, slightly moist, no odor				
13	15	Light brown silty clay, moist, no odor				
18	20	Shaded mottling, yellow brown silty clay,				
		some fossils, moist, no odor				
23	30	Yellow brown clay with silt, fossils, wet,				
		laminated, no odor				
Flushmount waiver from BOW						
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) 8/12/08 and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 10/3/08						
under the business name of Larsen & Associates, Inc. by (signature) _____						

INSTRUCTIONS: Please fill in blanks 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.kdheks.gov/waterwell>.