

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:	Fraction SE ¼ SW ¼ SW ¼	Section Number 15	Township Number T 3 S	Range Number R 13 W
County: Smith		Distance and direction from nearest town or city street address of well if located within city? Property to the east of 218 E. Hwy 36 Smith Center, KS		

2 WATER WELL OWNER: Murphy's Service (Formerly) Ellsworth Murphy	Longitude: W 98.78350°
RR#, St. Address, Box # : 316 E. Court St.	Elevation: RIM: 1798.23; TOC: 1797.80
City, State, ZIP Code : Smith Center, KS 66967	Datum: above mean sea level
Data Collection Method: legal survey	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 28 ft.				
<div style="display: flex; justify-content: space-around;"> N E </div> <table border="1" style="margin: auto; text-align: center;"> <tr> <td>NW</td> <td>NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> <div style="display: flex; justify-content: space-around;"> W E </div> <div style="text-align: center;"> S </div>	NW	NE	SW	SE	Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 26.05 ft. below land surface measured on mo/day/yr 5/21/09 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
NW	NE				
SW	SE				

5 TYPE OF CASING USED:	CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____	Welded _____
2 PVC 4 ABS 7 Fiberglass _____	Threaded X
Blank casing diameter 2 in. to 13 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	
Casing height below land surface 0.43 ft., Weight _____ 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 5 Gauge 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 13 ft. to 28 ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 11 ft. to 28 ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-2 ft.	Grout Intervals From 2 ft. to 11 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? SE How many feet? ~150	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Silt, brown, some clay, dry, no odor			
1	5	Silt, brown, some clay, somewhat moist, no odor			
5	10	Silt, brown, some clay, somewhat moist, no odor, some iron staining			
10	15	Silt, brown, some clay, dry, no odor, with iron staining			
15	28	Extremely weathered limestone, light yellow brown, mottled light gray, slightly moist, 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) **5/21/09** 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) **6/19/09** 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 785-296-3522. 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>.

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