LOCATION OF WATER WELL: Fraction County: Unpark/USEP Se N N N N Se N N N N N N N N N	WA	TER	WELL	RECOR	D	Form W	WC-5	Division of V	Water Re	esources;	App. No.			
Latitude: Lati	1	LOCA	TION O	F WATER	WELL:	Fraction		Section Number Township Numb			Number	r Range Number		
Latitude: Lati		County: WASAUNSER			NE 1/4 JE	1/4 NE1/4					1.			
2 WATER WELL OWNER: CASIAN MURPHY RR#, St. Address, Box # : L 80 LTTLE FORD C Gity, State, ZIP Code LIMIN AS . 60 49 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL		Distant	e and dir	ty? 7 /	nearest town	or city street address	or well if						4 digits)	
Type of Casing User: Stock State, 21 Code Well S STATIC WATER LEVEL. No. 18		iocaicu	. WILIIII CI	ty: 20	DU/ LIN	HEIMA RA								
City, State, ZIP Code 3 LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL	2	WATI	ER WEL	L OWNER	: CARLTA	MURPHY		Elevation:						
A JOCATE WELL'S JOCATION WITH AN "X" IN SECTION BOX: WILL'S STATIC WATER LEVEL				,	: 26 BOI LI	CTTLK FORD RD								
3 LOCATION WITH AN "X" IN SECTION ON: SECTION BOX: WITH AN "X" IN SECTION BOX: SECTION BOX: WITH AN "X" IN SECTION BOX: WAS a chemical bacteriological sample submitted to Department? Yes: "AN "YES: Was a chemical bacteriological sample submitted to Department? Yes: "AN "YES: "AN "YES		City, S	State, ZIP	Code	: ALMIK	5.66401			ion Me	thod:		_		
WITH AN "X" IN SECTION BOX: N SECTION BOX: SECTION BOX: N SECTION BOX: SECTION BOX: N SECTION BOX: SECTION BOX: SECTION BOX: N SECTION BOX: SECTION SECTION SECTION SECTION SECTION BOX SECTION B	3	LOCA	TE WEI				122		ft.					
SECTION BOX: N N N N N N N N N N N N N N N N N N N		LOCA	TION				0.0							
Pump test data: Well water was f. after hours pumping. gpm Well was f. afte		WITH AN "X" IN Depth(s) Groundwater Encountered (1)										ft.		
WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well 2 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No		SECT		K: WE	LL'S STATIO	C WATER LEVEL	<i>l</i> f	ft. below land surface measured on mo/day/yr. 3//7/						
WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well 2 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No	Fet Yield 20 gram: Well water was ft after hours pump										pumping pumping		gpm	
Secondary Seco		WELL WATER TO RELICED AC. 5 Public makes and the condition of the conditio										ection well	gpm	
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes	w											below)		
Was a chemical bacteriological sample submitted to Department? Yes No No Sample was submitted. Water well disinfected? Yes No No Water well disinfected? Yes No														
Sample was submitted. Water well disinfected? Yes. No 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 State 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 1 Welde 1 Welde 1 Welde 1 Welde 1 Welde		sw se												
S TYPE OF CASING USED: 5 Wrought fron 8 Concrete tile CASING JOINTS: Glued. 2. Clamped		was a chemical/dacteriological sample submitted to Department? Yes												
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued	·													
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded	<i>E</i> ,	TVDE /		NC HEED	• 5 Wes	naht Ison 0	Compando tilo	CA	CINIC I	ODITC.	Chied	Clama.	- d	
Threaded. Blank casing diameter in, to ft, Diameter in, State ft, Diameter in, Diameter in, to ft, Diameter in, State ft, Diameter in, State ft, Diameter in, to ft, Diameter in, State ft, Diameter	3 .				; 5 W 10	ugnt iron 8 estos-Cement 9	Other (specif	v helow)	2ING 1	OIN15:				
Casing height above land surface. In, Weight Screen														
Casing height above land surface. In, Weight Screen	Bla	nk casi	ing diame	ter 5	in. to	.2 ft., Diameter	r 	in. to	ft., Di	ameter .		in. to	ft.	
1 Steel 3 Stainless Steel 5 Fiberglass 7 Cav 2 Brass 4 Galvanized Steal 6 Concrete lite 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATED NO DEPKINOS ARE: 1 Continuous slot Mill slob 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 19 Drilled holes 11 None (open hole) SCREEN-PERFORATED INTERVALS: From. 7 to to 10 Other (specify) SCREEN-PERFORATED INTERVALS: From. 7 to 10 Other (specify) From. 6 to 10 Other (specify) 6 GRAVEL PACK INTERVALS: From. 7 to 10 Other (specify) 6 GRAVEL PACK INTERVALS: From. 7 to 10 Other (specify) 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/gas well below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/gas well oblow) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 11 Fuel storage 15 Oil well/gas well oblow) 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify 14 Abandoned water well below) 2 Sewage lagoon 15 FROM TO PLUGGING INTERVALS 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was 0 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3 or 10 Other (specify) 1 Septiment 10 Drivestock pens 15 Oil well/gas well of the orect answers. Send tog three copies to Kansas Oppartment of Health and	Ca	sing he	ight abov	e land surfa	ce2 <i>4</i>	in., Weight		.lbs./ft. Wal	l thickn	ess or g	uage No. 2	SPRZ1		
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot (Mill slot) 5 Gauzed wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From	TY							1 D.C		1.0.1	(0 :0)	·		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot Mill slot 5 Gauzed 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 92 ft. to 110 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft.						Compress 700	(CB) 10	ABS	l 	1 Other	(Specify)		• • • • • • • • • • • • • • • • • • • •	
1 Continuous slot 2 Louvered shutter 4 key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)	SC						/I (SK) 10	Aspesios-Ceme	ent i	2 None	usea (oper	i noie)		
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 72 ft. to 1.2 ft., From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. GRAVEL PACK INTERVALS: From 2. ft. to 1.2 ft., From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. From 1. ft. to 1. ft. GROUT MATERIAL: 1 Neat cement 2 Cement grout 1. ft. to 1. ft. Grout Intervals: From 3. ft. to 2. ft., From 1. ft. to 1. 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 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/gas well 0 Of FALM INSTALL How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 0 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3 ft. Grout Install How many feet? 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 0 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3 ft. Grout Market Well Record was completed on (mo/day/year) 3 ft. Grout Market Well Record was completed on (mo/day/year) 3 ft. Grout Market Well Record was completed on (mo/day/year) 3 ft. Grout Market Well Record was completed on (mo/day/year) 3 ft. Grout Well Record was completed on (mo/day/year) 3 ft. Grout Well Record was completed on (mo/day/year) 3 ft. Grout Well Record was completed on (mo/day/year) 3 ft. Grout Well Record was completed on (mo/day/year) 3 ft. Grout Well Record was completed on (mo/day/year) 3 ft. Grout Well Well Well Well Record was completed on (mo/day/year) 3 ft. Grout Well Well Well Well Well Well Well Wel														
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3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O G CLAY G TAMESTONIC TONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year). TONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year). This Water Well Record was completed on (mo/day/year). INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Burneau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 6612-1367. Telephone three copies to Kansas Department of Health and Environment, Burneau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 6612-1367. Telephone for your records. Fee of \$5.00 for each constructed well. Visit us at													specify	
Direction from well? How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS CLAY G TABLE STORK G SHILL GAPT 36. 41 STANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)													ASUAL	
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under my jurisdiction and was completed on (mo/day/year)	9	1	122	SHALL	2 COM	y Co								
under my jurisdiction and was completed on (mo/day/year)					- 1000									
under my jurisdiction and was completed on (mo/day/year)														
under my jurisdiction and was completed on (mo/day/year)														
Kansas Water Well Contractor's License No	7 (CONTI	RACTOR	r'S OR LA	NDOWNER	'S CERTIFICATIO	N: This water	r well was 🕜 c	onstruc	ted, (2)	reconstruc	ted, or (3) p	lugged	
under the business name of JSSOCHTU DELCAGE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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	un	der my	jurisdicti	on and was	completed on	(mo/day/year) . 2//	Votor W-11 D	d this record is	true to 1	the best	of my kno	wledge and	belief.	
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