

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Rice	NE 1/4 NW 1/4 SW 1/4	21	T 21 S	R 8 EW

Distance and direction from nearest town or city? _____ Street address of well if located within city? 405 East Monroe Sterling, KS

2 WATER WELL OWNER: Nevin McMurphy
 RR#, St. Address, Box #: 405 East Monroe Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Sterling, KS 67579 Application Number: Not Required

3 DEPTH OF COMPLETED WELL: 44 ft. Bore Hole Diameter: 9 in. to 44 ft., and _____ in. to _____ ft.

Well Water to be used as:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Observation well	12 Other (Specify below)

Well's static water level: 7'6" ft. below land surface measured on _____ month . 7 day 1980 year

Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield Not Ck'd gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing dia: 5 in. to 36 in. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface: 12 in., weight 1.5 lbs./ft. Wall thickness or gauge No. 200

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)	

Screen or Perforation Openings Are:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

Screen-Perforation Dia: 5 in. to 44 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 36 ft. to 44 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Gravel Pack Intervals: From 31 ft. to 44 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Annular Fill: From 10 ft. to 17 ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grouted Intervals: From 0 ft. to 10 ft. From 17 ft. to 31 ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
	All directions		13 Watertight sewer lines	HARBOR X

Direction from well: _____ How many feet over 50' _____ ? Water Well Disinfected? Yes No _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 8 month 7 day 1980 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185

This Water Well Record was completed on 8 month 21 day 1980 year under the business name of CLARKE WELL & EQ., INC. by (signature) *D.W. Clarke*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	1	Topsoil		
	1	10	Gray clay - hard			
	10	12	Black clay			
	12	28	Sand & gravel, med. to coarse			
	28	30	Green clay			
	30	44	Sand & gravel, med. to coarse			

ELEVATION: Unknown

Depth(s) Groundwater Encountered 1. 7'6" ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

R

SEC

NE 1/4 NW 1/4 SW 1/4 SE 1/4