

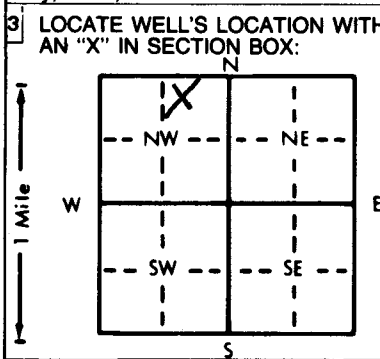
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Stanton	Fraction NW ¼ NE ¼ NW ¼	Section Number 12	Township Number T 29 S	Range Number R 41 E
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Distance and direction from nearest town or city street address of well if located within city?
1 Mile South, 1/4 Mile East of Johnson, Kansas

2 WATER WELL OWNER: **Richard Arnold Murfin Drilling, Inc.**
 RR#, St. Address, Box # : **Johnson, Ks. 67855 P. O. Box 661**
 City, State, ZIP Code : **Colby, Ks. 67701**

Board of Agriculture, Division of Water Resources
 Application Number: **940080**



4 DEPTH OF COMPLETED WELL: **360** ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **285** ft. below land surface measured on mo/day/yr

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 **8** in. to **360** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 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 BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued X Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **4.5** in. to **300** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **248**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				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-PERFORATED INTERVALS: From **300** ft. to **360** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **360** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From **0** ft. to **20** 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	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **Southwest** How many feet? **150**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	175	182	Sandy Clay & Caliche
2	17	Loess	182	275	Med. Sand & Gravel w/Rock
17	50	Clay w/Caliche Strks	275	285	Brow Clay & Lt. Brwn Shale
50	59	Sandy Clay, Caliche & Sand Str	285	293	Sandy Clay & Blue Shale
59	71	Fine to Med. Sand	293	298	Sandy Clay & Fine Sand
71	82	Sandy Clay & Caliche Strks.	298	302	Fine to Med. Sand w/Clay Lyr
82	112	Fine Sand W/Clay Strks & Med.	302	310	Sandy Clay w/Fine Sand Strks.
112	121	Sandy Clay w/Caliche & Sand	310	345	Med. Sand w/Clay Strks.
121	131	Sand w/Clay & Caliche Strks.	345	360	Sticky Clay & a Few Sand
131	142	Sandy Clay & Sand Strks.			Strks.
142	146	Sand			
146	154	Sandy Clay w/Caliche & Sand			
154	162	Med. Sand			
162	167	Med. Sand & Clay Strks.			
167	175	Sandy Clay w/Sand Strk & Caliche			

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) **3-28-94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **3-28-94** under the business name of **Woofter Pump & Well, Inc.** by (signature) *[Signature]*

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.