WATER	R WELL	RECORD	Form	wwc-	5 I	Divisi	on of Wat	er Reso	urces; App. No.											
1 LOCATION OF WATER WELL: Founty: Smith			Fraction	NTXX/		Se	ction Nu	mber	Township Numbe	r R	ange Number									
Distance a	nd direction	Smith	NW ¼	NW ¼	NW ½	Glo	hal Posi	tioning	T 3 S	R	min of 4 digits)									
Distance and direction from nearest town or city street address of well if located within city? 215 E. Hwy 36 Smith Center, KS Latitude: N 39.78500°																				
2 WATER WELL OWNER: Murphy's Service (Formerly) Longitude: W 98.78360°																				
Ellsworth Murphy Elevation: RIM: 1797.48; TOC: 1797.31																				
		Box # : 316 E. C				D	atum:	above	e mean sea level											
City, S	tate, ZIP Co	ode : Smith C	enter, KS 6	6967		D	ata Colle		1ethod: legal surve	<u>y</u>										
City, State, ZIP Code : Smith Center, KS 66967 Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 30 ft. MW2																				
						I	MW2			_										
ŀ	WITH AN "X" IN Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. SECTION BOX: WELL'S STATIC WATER LEVEL 17.56 ft. below land surface measured on mo/day/yr 8/14/08																			
SECTION BOX: WELL'S STATIC WATER LEVEL 17.56 ft. below land surface measured on mo/day/yr 8/14/08																				
N Pump test data: Well water was ft. after hours pumping gpm X Est. Yield gpm: Well water was ft. after hours pumping gpm																				
X		Est. Yield	gpm:	Well wate	r was		ft. a	after	hours pum	ping	gpm									
NW—— NE—— WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well																				
W I Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)																				
W 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well																				
- sw se																				
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs																				
	S	Sample was sub	mitted				W	ater W	ell Disinfected? Y	es	No X									
S Sample was submitted Water Well Disinfected? Yes No X 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped																				
1 Ste	el Chibir	RMP(SR) 6	A shestos-C	'ement	9 Othe	r (sn	ecify bel	ow)	Wel	ded	- Clamped									
O PV	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded Y																			
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 15 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.17 ft., Weight lbs./ft. Wall thickness or gauge No.																				
Cosing height below land gurface 0.17 \$ Weight the /4 Well thickness or cause No.																				
TVPF OF	SCREEN (OR PERFORATION	MATERIA	AI.			105./	ii. wai	ii unexhess of gaug	c IVO.										
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)																				
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)																				
ISCREEN OR PERFORATION OPENINGS ARE:																				
1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)																				
1 Continuous slot 3 Mill slot 5 Guaze 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 15 ft. to 30 ft. From ft.																				
SCREEN-PERFORATED INTERVALS: From 15 ft. to 30 ft. From ft. to ft.																				
From ft. to ft. From ft. to ft.																				
GR	AVEL PAG	CK INTERVALS:	From	14	ft. to		30	ft. Fr	om ft	. to	tt.									
									om ft											
6 GROU	JT MATE	RIAL: 1 Neat cem	ent 2 Ce	ment grout	(3) Be	nton	ite (4)Other	Concrete: 0-2 ft.											
Grout Inte	rvals Fr	rom 2 ft. to	14 ft.	From	$\overline{}$	ft. to	\sim	ft.	From	ft.	to ft.									
What is th	e nearest so	urce of possible con	tamination	:																
	tic tank	4 Lateral lin			10 Live	stocl	k pens	13 Inse	ecticide Storage	16.	Other (specify									
2 Sew	er lines	5 Cess pool	8 Sewa	ge lagoon	(11) Fuel	stor	age	14 Aba	andoned water well		below)									
3 Wat	ertight sew	er lines 6 Seepage p	it 9 Feed	yard	12 Ferti	ilizer	storage	15 Oil	well/ gas well											
Direction	from well?	W			How ma	any f	eet? ~70)												
FROM	TO	LITHOI	OGIC LO	G	FRC	M	ТО		PLUGGING IN	TERV	ALS									
0	1	Brown silty clay, so							I DO COM (C M)		1125									
	<u>-</u> -	slightly moist, no o																		
3	5	Light brown clayer		t, no odor																
8	10	Brown, silty clay, n																		
13	30	Light yellow brown			d,					4										
		little gray mottling	<u>, moist, no</u>	odor							•									
								Fluct-	mount resistant	, DO	11/									
								riushi	nount waiver fron	BU	<u>v</u>									
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 Wa	ter Well Cor	stractor's License No.	757																	
		of Larsen & Asso			by (sig						·									
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 wel	. Visit us at l	http://www.ke	theks.gov/v	waterv	veli.			your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										