

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																
County: Smith		NW ¼ NW ¼ NW ¼		22		T 3 S		R 13 W																
Distance and direction from nearest town or city street address of well if located within city? 215 E. Hwy 36 Smith Center, KS				Global Positioning System (decimal degrees, min. of 4 digits)																				
2 WATER WELL OWNER: Murphy's Service (Formerly) Ellsworth Murphy RR#, St. Address, Box # : 316 E. Court St. City, State, ZIP Code : Smith Center, KS 66967				Latitude: N 39.78456°																				
				Longitude: W 98.78356°																				
				Elevation: RIM: 1795.29; TOC: 1794.86																				
				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 25 ft.																						
<div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="text-align: center;">X</td><td></td><td></td></tr> <tr><td style="text-align: center;">NW</td><td></td><td style="text-align: center;">NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">SW</td><td></td><td style="text-align: center;">SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> S W E </div>		X			NW		NE				SW		SE				MW4							
		X																						
		NW		NE																				
		SW		SE																				
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.																								
WELL'S STATIC WATER LEVEL 16.28 ft. below land surface measured on mo/day/yr 8/14/08																								
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																								
5 TYPE OF CASING USED:		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____																		
1 Steel		3 RMP (SR)		6 Asbestos-Cement		Welded _____																		
2 PVC		4 ABS		7 Fiberglass		Threaded _____ X																		
Blank casing diameter _____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia		_____ in. to _____ ft., Dia		_____ in. to _____ ft.																		
Casing height below land surface 0.43 ft., Weight _____ lbs./ft.		_____ lbs./ft.		_____ lbs./ft.		Wall thickness or gauge No. _____																		
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel		3 Stainless steel		5 Fiberglass		7 PVC																
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)		9 ABS																
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot		3 Mill slot		5 Guaze wrapped		7 Torch cut																
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut		9 Drilled holes																
SCREEN-PERFORATED INTERVALS:		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.																
GRAVEL PACK INTERVALS:		From _____ ft. to _____ 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 Concrete: 0-2 ft.																
Grout Intervals From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ 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																
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage		13 Insecticide Storage																
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		14 Abandoned water well																
Direction from well? NW		How many feet? ~190						16 Other (specify below)																
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) 8/13/08 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) 10/3/08																						
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 785-296-5522. 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 .																								