WATER	WELL !	RECORD	Forn	n WWC-5	5 Di	vision of W	ater Reso	urces; App. No.	
1 LOCATION OF WATER WELL: County: Smith			Fraction NW 1/4	NW 1/2	NW 1/4	Section N	umber	Township Number	Range Number
Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 di									rees, min. of 4 digits)
located within city? 215 E. Hwy 36 Smith Center, KS 2 WATER WELL OWNER: Murphy's Service (Formerly) Latitude: N 39.78495° Longitude: W 98.78410°									
2 WATER WELL OWNER: Murphy's Service (Formerly) Longitude: W 98.78410°									
1		Eliswo	rth Murphy			Elevation: RIM: 1/95.54; TOC: 1/95.19			
City Sta	Address,	Box # : 316 E.	Court St.	ourt St. Datum: above mean sea level enter, KS 66967 Data Collection Method: legal survey					
City, State, ZIP Code : Smith Center, KS 66967 Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 30 ft.									
LOCAT		5 4 DEI III OF	COMILLI	CIED WEL	<u> </u>	MW6		1	
	AN "X" II	V Denth(s) Groun	dwater En	countered 1			ft. 2	ft. 3	ft
ì	THAN "X" IN Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. TION BOX: WELL'S STATIC WATER LEVEL 17.42 ft. below land surface measured on mo/day/yr 8/14/08								
SECTION	N	Pumr	test data.	Well water	was	11. 0010 W 10 A	after	hours numni	ng gnm
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									viection well
W E 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									
L.a.									
SW—— SE—— Was a chamical/hasterialogical sample submitted to Department? Ves No. V : If yes mo/day/yes									
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes 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									
5 TYPE	OF CASIN	IG USED: 5	Wrought I	ron	8 Conc	ete tile	CAS	ING JOINTS: Glued	Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded									
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 0.35 ft., Weight lbs./ft. Wall thickness or gauge No.									
Blank casing diameter 2 in. to 15 ft., Dia in. to ft., Dia in. to ft.									
Casing height below land surface 0.35 ft., Weight lbs./ft. Wall thickness or gauge No.									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
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)									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
INCREEN OR PERFORATION OPENINGS ARE:									
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. to ft. From ft. to ft.									
SCREEN-PERFORATED INTERVALS: From 15 ft. to 30 ft. From ft. to ft.									
From ft. to ft. From ft. to f									o ft.
GRAVEL PACK INTERVALS: From 14 ft. to 30 ft. From ft. to								o ft.	
GRAVEL PACK INTERVALS: From 14 ft. to 30 ft. From ft. to ft. 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 2 ft. to 14 ft. From ft. to ft. From ft. to ft.									
Grout Intervals From 2 ft. to 14 ft. From ft. to ft. From ft. to ft.									
What is the nearest source of possible contamination:									
1 Septi						tock pens		ecticide Storage	16. Other (specify
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well									
Direction fi			pit 9 reed	iyard		ny feet? ~		well/ gas well	
FROM	TO		LOGIC LO)G	FRO	OT N		PLUGGING INT	ERVALS
0		Coarse limestone							
3		Brown silty clay, I							
8		Light brown clay odor, fossils at 13		ioist, no			+		
18	30	Yellow brown clay		laminated			 	`	
10		little gray mottling					+		,
		some fossils	, moist, ill	, out,	_		1		
							Flushi	nount waiver from l	BOW
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) Kansas Water Well Contractor's License No. 757 8/12/08 and this record is true to the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) 10/3/08									
									10/3/08
ł		of Larsen & Ass					TO TO		
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Septement of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5552. 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.									