WATER	WELL I	RECORD	Forn	a WWC-	- 5	Division of Wa	iter Reso	urces; App. No.		
1 LOCA' County:	TION OF V	VATER WELL: lorton	Fraction SE 1/4	SE ¼		Section Nu	ımber	Township Number	Range Number	
County: Morton SE ½ SE ½ NW ½ 25 T 32 S R 40 E/W Distance and direction from nearest town or city street address of well if located within city? 9 North, 1 East .75 Southeast County: Morton SE ½ SE ½ NW ½ Global Positioning System (decimal degrees, min. of 4 digits) Latitude: Longitude:										
2 WATER WELL OWNER: Carol Amussen						Elevation:				
RR#, St. Address, Box # : HC 01						Datum:				
City, State, ZIP Code : Rolla KS 67954 Data Collection Method:										
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 190 ft.										
l	AN "X" IN	Denth(s) Grou	ndwater Fno	countered 1		40	ft 2	ft 3	ft l	
1	ON BOX:	WELL'S STA	TIC WATE	R LEVEL	40	ft. below la	nd surfa	ice measured on mo/o	day/yr 6/17/07	
SECT										
	N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm									
⊢nw	⊢NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 1 1	W 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									
1 1 1	1 1 1	2 Irrigation 4	Industrial	7 Domest	ic (lawn	& garden)	10 Mon	itoring well		
⊢sw	SW SE SE SWar a shaw is all hapterial asian language and the parameter of the Swar was day in the Swar was									
	Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes X No									
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
1 Ste	el 3	RMP (SR) 6	Asbestos-C	Cement	9 Othe	er (specify be	elow)	Weld	ed	
2 <u>PV</u>	<u>C</u> 4	ABS 7	Fiberglass			Eag	le-Loc	Threa	ided	
2 PVC 4 ABS 7 Fiberglass Eagle-Loc Threaded Blank casing diameter 5 in. to 190 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 18 in., Weight lbs./ft. Wall thickness or gauge No. SDR 21										
Casing height above land surface 18 in., Weight lbs./ft. Wall thickness or gauge No. SDR 21										
TTYPE 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)										
ISCREEN 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 130 ft. to 190 ft. From ft. to ft.										
From ft. to ft. From ft. to ft.										
GR	GRAVEL PACK INTERVALS: From 25 ft. to 190 ft. From ft. to ft.									
			From		ft. to		ft. Fr	rom 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 Grout Intervals From 5 ft. to 25 ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination:										
What is the nearest source of possible contamination:										
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify)										
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)										
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well None observed Direction from well? How many feet?										
FROM	TO		LOGIC LO	G	FRO	OM TO	-	PLUGGING INT	ERVALS	
5	5 10	Top soil Sand & gravel					 			
10		Brown clay & cal	iche streak	S						
110		Med sand & clay								
135		Sandy clay								
150	190	Med sand					-			
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. 473 This Water Well Record was completed on my/day/year 27/07										
Kansas Water Well Contractor's License No. 473 . This Water Well Record was completed on moday years 427/07 under the business name of Tyler Water Well Inc. by (signature)										
TNOWNIE	ELONIC Disease	Cil in blanks or simple	the correct one	wers Send to	on three cor	ies to Kansas D	enartmen	t of Health and Environme	ent, Bureau of Water,	
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.										