

LOCATION OF WATER WELL: County: <u>Graham</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>27</u>	Township Number <u>T 7 S</u>	Range Number <u>R 25 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?
1/4 mile West - Highway 24 Morland Junction then 3 N + 3/4 mile West

WATER WELL OWNER: City of Morland
 RR#, St. Address, Box #: _____
 City, State, ZIP Code: Morland, Kansas 67650
 Board of Agriculture, Division of Water Resources
 Application Number: N/A

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
	W		E
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DEPTH OF COMPLETED WELL: 200 ft. ELEVATION: 2470
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ 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 _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) TEST HOLE
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No _____

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 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 _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 200 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) none
 13 Insecticide storage

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	19	Clay	120	124	Yellow clay
19	40	Sand - small gravel - loose	124	130	Loose sand - fair clay mix
40	43	Hard limestone	130	135	Small gravel yellow clay mix
43	80	Med. gravel - clay lens - fair	135	140	Loose white small gravel
80	88	Limestone - med. gravel lens	140	145	White clay - gravel mix
88	95	Clay - some sand lens	145	158	Med. gravel - green clay mix - poor
95	101	Brown clay + large gravel lens	158	170	Med gravel - Ochre mix poor
			170	192	Ochre - some large gravel mix - very poor
			192	200	Blue Shale
101	110	Fine sand/white clay lens			
110	112	Hard limestone	3	200	Cement grout
112	117	loose sand			
117	118	Hard limesonte			
118	120	White clay - med. gravel mix			

Log *3* *Plugging*

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) 9-9-87 and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 9-9-87
 under the business name of City of Morland by (signature) Lewis Carter

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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EW

SEC

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