

LOCATION OF WATER WELL: County: **GRAHAM** Fraction: **SW 1/4 SE 1/4 SE 1/4** Section Number: **29** Township Number: **T 7 S** Range Number: **R 25 EW**

Distance and direction from nearest town or city street address of well if located within city? **MORLAND KS**

WATER WELL OWNER: **LAWRENCE BELL**
 RR#, St. Address, Box #: **HCR-01 BOX 36**
 City, State, ZIP Code: **MORLAND KS 67650**
 Board of Agriculture, Division of Water Resources
 Application Number: **NONE**

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

DEPTH OF COMPLETED WELL: **98' 3"** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. **88'** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **68'** ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

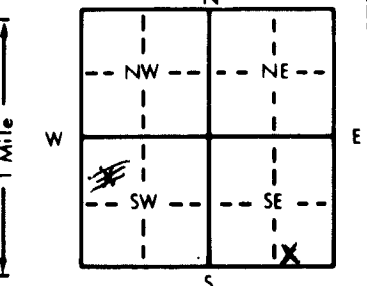
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: **5** in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 ① Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 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 7 Fiberglass _____ Welded _____
 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 9 ABS 12 None used (open hole)
 11 Other (specify) _____

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 **UNKNOWN** 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.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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) **12-21-87** 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) _____ under the business name of _____ by (signature) **Lawrence Bell**

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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1/4