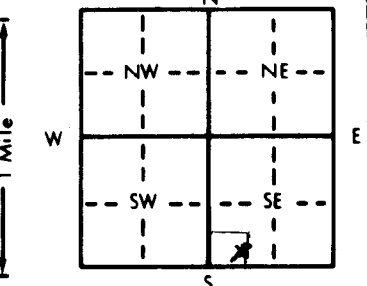


LOCATION OF WATER WELL: County: <u>Graham</u>	Fraction <u>SE SW</u> <u>SE 1/4 SW 1/4 SE 1/4</u>	Section Number <u>27</u>	Township Number T <u>7</u> S	Range Number R <u>25</u> EW
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Distance and direction from nearest town or city street address of well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

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4
 DEPTH OF COMPLETED WELL: 160 ft. ELEVATION: 2461
 Depth(s) Groundwater Encountered 1. 51 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 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 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.
 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.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 160 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)
 13 Insecticide storage _____
 Direction from well? _____ How many feet? 300

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Clay	151	157	Brown shale
2	40	Limestone - med. gravel mix	157	160	Blue Shale
40	56	Loose limestone - large gravel mix			
56	60	White clay - large gravel			
60	84	Very loose brown clay - gravel mix			
84	87	Hard limestone			
87	90	loose fine sand	3	160	Cement grout
90	92	Hard limestone			
92	100	loose yellow clay - limestone			
100	106	sand - good			
106	116	Good small gravel - loose			
116	121	yellow clay - med. gravel mix			
121	136	Good - small - med. gravel			
		red/white loose traces of brown clay			
136	151	Ochre - med. large gravel mix			

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 Clayton

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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