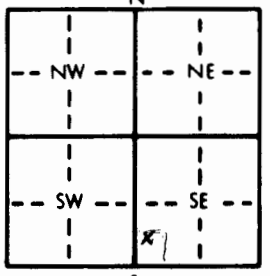


LOCATION OF WATER WELL: County: <u>Graham</u>	Fraction <u>NW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>27</u>	Township Number T <u>7</u> S	Range Number R <u>25</u> EW
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Distance and direction from nearest town or city street address of well if located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

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	DEPTH OF COMPLETED WELL: <u>180</u> ft. ELEVATION: <u>2476</u> ft. 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) <u>Test Hole</u> 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 _____
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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.
 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 180 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 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard

Direction from well? _____ How many feet? 400 yds

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	13	Clay	145	148	same, but small traces of ochre
13	18	limestone small gravel	148	155	Ochre - med. gravel mix
18	24	same	155	157	Flint
24	30	Hard limestone	157	166	Brown shale
30	40	Loose med. gravel - some clay	166	180	Blue shale
40	51	Brown clay - limestone			
51	63	Med. gravel - loose - red			
63	71	-----			
71	95	Sand - white clay - brown clay mix.	3	180	Plugging Cement grout
95	96	Hard limestone			
96	100	loose white clay - med. gravel mix - poor			
100	116	Sand - small gravel - clay - mostly clay			
116	120	good loose white gravel			
120	130	Small gravel - good - loose			
135	145	very good small - med. gravel			

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) Deena 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.