

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

DOC

Morland

73 BUIS 5-1-78

1. Location of well:		County Graham	Fraction SW 1/4 SW 1/4 SE 1/4	Section number 14	Township number T 8 S R 25 E/W	Range number
2. Distance and direction from nearest town or city: In St. North			3. Owner of well: CITY of Morland			
Street address of well location if in city: Block 4 Lot 19			City, state, zip code: Morland, Kans			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 20 in. Completion date 6-23-74 Well depth 75 ft.		
				7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 48 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 12 3/4 in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 329		
5. Type and color of material				From	To	10. Screen: Manufacturer's name
Top Soil				0	10	W.H. Brown
M Gravel - Red				10	75	Type 40er Dia. 12 3/4 Slot/gauze 7/16 Length ND Set between 35 ft. and 75 ft. ft. and ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 9/16
BROCK ?						11. Static water level: <input type="checkbox"/> mo./day/yr. 12 ft. below land surface Date 6-23-74
IN						12. Pumping level below land surfaces: 25 ft. after 1 hrs. pumping 800 g.p.m. 30 ft. after 3 hrs. pumping 1400 g.p.m. Estimated maximum yield 1400 g.p.m.
						13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date
						14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> M Inches above grade
APP # 27076						15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> to <input type="checkbox"/> ft.
						16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		2301		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Blue Jay Drilling Co Inc 914 Business name License No. Address Box 503 Colby Signed Dita Roll Date 4-29-78 Authorized representative		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

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