

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Graham		NE ¼ SW ¼ SE ¼	8	T 9 S	R 24 EW
Distance and direction from nearest town or city street address of well if located within city? WW Drilling					
2 WATER WELL OWNER: Bernard Keith					
RR#, St. Address, Box # : P. O. Box 102			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Morland, Ks 67650			Application Number: 20080010		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 110 ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL na 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 8 in. to 109 ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well			
		1 Domestic 3 Feed lot <input checked="" type="checkbox"/> Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter 4.5 in. to 70 ft. Dia		_____ in. to _____ ft. Dia		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
Casing height above land surface 18 in., weight 2.38 lbs./ft.		_____ in. to _____ ft. Dia		Welded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
3 Fiberglass		6 Concrete tile		11 Other (specify) _____	
4 Galvanized steel		5 Fiberglass		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		3 Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) _____	
3 Mill slot		6 Wire wrapped		11 None (open hole)	
4 Key punched		7 Torch cut		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From 70 ft. to 110 ft.		_____ ft. to _____ ft.	
_____ ft. to _____ ft.		_____ ft. to _____ ft.		_____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 20 ft. to 110 ft.		_____ ft. to _____ ft.	
_____ ft. to _____ ft.		_____ ft. to _____ ft.		_____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other _____					
Grout intervals From 0 ft. to 20 ft.		_____ ft. to _____ ft.		_____ ft. to _____ ft.	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) none	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	104	109
2	17		Loess	109	
17	23		Fine sand		
23	26		Clay		
26	32		Fine sd w/gravel strks		
32	38		Clay & caliche		
38	41		Fine sand w/clay strks		
41	52		Clay & cemented sand		
52	62		Clay & sandstone strks		
62	76		Fine to med sd w/clay strk		
76	85		Clay & caliche		
85	100		Fine sd to some med sd w/clay & caliche strks		
100	104		Yellow ochre		
7 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/yr) 1-8-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 1-11-08 under the business name of Woofor Pump & Well Inc. by (signature) <i>[Signature]</i>					

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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.