

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: <b>Graham</b>		<b>SW ¼ NW ¼ NW ¼</b>	<b>1</b>	<b>T 9 S</b>	<b>R 25 E</b>	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: <b>Clinton Minium</b>						
RR#, St. Address, Box # : <b>2450 145<sup>th</sup> Ave</b>			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <b>Morland, Ks</b>			Application Number: <b>20070487</b>			
3 LOCATE WELL'S LOCOTON WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>125</b> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <b>na</b> 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 <b>8</b> in. to <b>140</b> ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
1 Domestic 3 Feed lot		5 Public water supply		8 Air conditioning 11 Injection well		
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well		6 Oil field water supply		9 Dewatering 12 Other (Specify below)		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted						
Water Well Disinfected? Yes <b>X</b> No _____						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR)		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued <b>X</b> Clamped		
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____		
Blank casing diameter <b>4.5</b> in. to <b>85</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass		Threaded _____		
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>248</b>		TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)		7 PVC 10 Asbestos-cement				
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				
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)		SCREEN-PERFORATED INTERVALS:				
From <b>85</b> ft. to <b>125</b> ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS:				
From _____ ft. to _____ ft. From _____ ft. to _____ ft.		From <b>20</b> ft. to <b>125</b> ft. From _____ ft. to _____ ft.				
From _____ ft. to _____ ft. From _____ ft. to _____ ft.		6 GROUT MATERIAL:				
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____		Grout Intervals From <b>0</b> ft. to <b>20</b> 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)		
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage		<b>none</b>				
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>2</b>		<b>Surface</b>			
<b>2</b>	<b>20</b>		<b>Fine to med sand w/clay &amp; Caliche lenses</b>			
<b>20</b>	<b>36</b>		<b>Fine to med sd w/caliche lenses</b>			
<b>36</b>	<b>65</b>		<b>Fine to some med sd w/clay &amp; Caliche strks</b>			
<b>65</b>	<b>87</b>		<b>Fine to some med sd w/caliche Lenses</b>			
<b>87</b>	<b>100</b>		<b>Fine to some med sd w/caliche Lenses</b>			
<b>100</b>	<b>105</b>		<b>Fine to med sand</b>			
<b>105</b>	<b>123</b>		<b>Fine to med sd w/caliche lenses</b>			
<b>123</b>	<b>140</b>		<b>Yellow ochre</b>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>12-12-07</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>12-14-07</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) _____						
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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

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