

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: Pawnee		NE 1/4 NW 1/4 NW 1/4	16		T 22 S		R 16W E/W	
Distance and direction from nearest town or city street address of well if located within city?								
2S of Iarned, Ks								
2 WATER WELL OWNER:		Dale Meadows			Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		707 W. 13th			Application Number:			
City, State, ZIP Code :		Iarned, KS 67550						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL..... 81..... ft. ELEVATION: unknown						
		Depth(s) Groundwater Encountered 1..... 26..... ft. 2..... ft. 3..... ft.						
		WELL'S STATIC WATER LEVEL .. 26..... ft. below land surface measured on mo/day/yr 03/31/00						
		Pump test data: Well water was ft. after hours pumping gpm						
		Est. Yield ... 20... gpm: Well water was ft. after hours pumping gpm						
		Bore Hole Diameter. 8..... in. to .. 81..... ft., and in. to ft.						
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well						
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)								
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well								
Was a chemical/bacteriological sample submitted to Department? Yes..... No.....; If yes, mo/day/yr sample was submitted								
Water Well Disinfected? Yes No								
5 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued Clamped		
1 Steel 3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)		Welded		
2 PVC 4 ABS		7 Fiberglass				Threaded		
Blank casing diameter 5..... in. to 71..... ft., Dia in. to ft., Dia in. to ft.								
Casing height above land surface 12..... in., weight 2.8..... lbs./ft. Wall thickness or gauge No. Sch. 40								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement								
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)								
			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 71..... ft. to 81..... ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From 32..... ft. to 81..... ft., From ft. to ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Intervals: From 0..... ft. to 32..... 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 home					
Direction from well? Northwest How many feet? 52								
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2	top sand						
2	17	clay						
17	29	sand and gravel						
29	70	shale						
70	81	sand rock						
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/year) 3/31/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186..... This Water Well Record was completed on (mo/day/yr) 4/5/00..... under the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn R. Hard								
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								