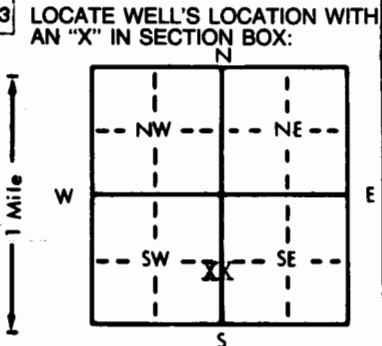


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: MEADE	NE 1/4 SE 1/4 SW 1/4	3	T 30 S	R 28 EW

Distance and direction from nearest town or city street address of well if located within city?
1 1/2 North, 1 1/2 West, 3/4 South of Meade, Kansas

2 WATER WELL OWNER: **Mr. Brad Boyd**
 RR#, St. Address, Box #: **HCR-2, Box 17**
 City, State, ZIP Code: **Meade, KS 67864**
 Board of Agriculture, Division of Water Resources
 Application Number: **---**



4 DEPTH OF COMPLETED WELL: **230** ft. ELEVATION: **Slope**

Depth(s) Groundwater Encountered: 1. **Not available** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **80** ft. below land surface measured on mo/day/yr **April 27, 1989**

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: **10** in. to **230** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Oil field water supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **XX**; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes **XX** No

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded

Blank casing diameter: **5** in. to **190** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **20** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel
<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)
<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS
<input type="checkbox"/> 11 Other (specify)	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)			

SCREEN-PERFORATED INTERVALS: From **190** ft. to **230** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **230** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite Other **Baroid Hole Plug**

Grout Intervals: From **0** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: **None**

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil			
5	81	Clay			
81	228	Med to Lar. Sand & Gravel			
228	230	Blue Clay			

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) **April 28, 1989** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252** This Water Well Record was completed on (mo/day/year) **May 1, 1989** under the business name of **Friesen Windmill & Supply Inc.** by (signature) _____

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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

28-88000089-87