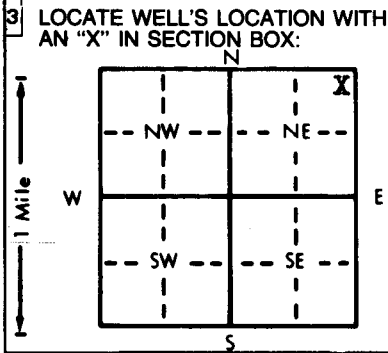


1 LOCATION OF WATER WELL: County: <b>Meade</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section Number <b>23</b>	Township Number <b>T 30 S</b>	Range Number <b>R 28</b> <b>(W)</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**10 North 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: **340** ft. ELEVATION: **Slope**  
 Depth(s) Groundwater Encountered: **1 Not available** ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: **140** ft. below land surface measured on **mo/day/yr August 3, 1988**  
 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 **340** ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply     8 Air conditioning     11 Injection well  
 2 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 **XX**..... If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes **XX** No

5 TYPE OF BLANK CASING USED:  
 1 Steel     3 RMP (SR)  
 2 PVC     4 ABS  
 5 Wrought iron     8 Concrete tile    CASING JOINTS: Glued **XX** Clamped .....  
 6 Asbestos-Cement     9 Other (specify below)    Welded .....  
 7 Fiberglass    Threaded.....  
 Blank casing diameter: **5** in. to **280** ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.  
 Casing height above land surface: **15** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel     3 Stainless steel     5 Fiberglass     8 RMP (SR)     10 Asbestos-cement  
 2 Brass     4 Galvanized steel     6 Concrete tile     9 ABS     11 Other (specify) .....  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot     3 Mill slot     5 Gauzed wrapped     10 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 **280** ft. to **340** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **0** ft. to **130** ft., From ..... ft. to ..... ft.  
 From **150** ft. to **340** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL:  1 Neat cement     2 Cement grout     3 Bentonite     4 Other **Baroid Hole Plug**  
 Grout Intervals: From **130** ft. to **150** 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 Fertilizer storage     15 Oil well/Gas well  
 3 Watertight sewer lines     6 Seepage pit     9 Feedyard     13 Insecticide storage     16 Other (specify below) .....

Direction from well? **East** How many feet? **57**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	10	Clay			
10	130	Fine Sand			
130	170	Blue Clay			
170	330	Med. to Lar. Sand & Gravel			
330	340	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) **August 5, 1988** 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) **August 24, 1988** under the business name of **Friesen Windmill & Supply Inc.** by (signature) *[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.

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