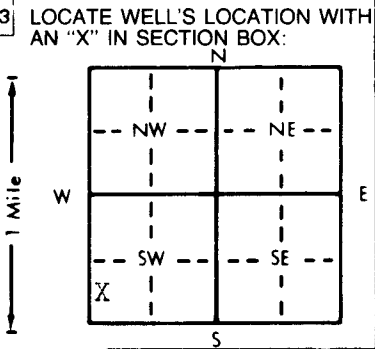


1 LOCATION OF WATER WELL: County: **MEADE** Fraction: **SW 1/4 SW 1/4 SW 1/4** Section Number: **35** Township Number: **T 31 S** Range Number: **R 27 E/W**

Distance and direction from nearest town or city street address of well if located within city?  
**5 East on Rt. 160 and 1 1/8 North of Meade, KS**

2 WATER WELL OWNER: **John Thomas, Meade Co. Vet Clinic**  
 RR#, St. Address, Box #: **P.O. Box 1049** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Meade, KS 67864** Application Number: **---**



4 DEPTH OF COMPLETED WELL: **220** ft. ELEVATION: **Slope**  
 Depth(s) Groundwater Encountered: 1. **Not Available** ft. 2. **---** ft. 3. **---** ft.  
 WELL'S STATIC WATER LEVEL: **141** ft. below land surface measured on mo/day/yr: **Oct. 5, 1990**  
 Pump test data: Well water was **---** ft. after **---** hours pumping **---** gpm  
 Est. Yield: **40** gpm: Well water was **---** ft. after **---** hours pumping **---** gpm  
 Bore Hole Diameter: **10** in. to **220** ft., and **---** in. to **---** ft.  
 WELL WATER TO BE USED AS:  
 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)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued **XX** Clamped **---**  
 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded **---**  
 7 Fiberglass    Threaded **---**  
 Blank casing diameter: **6** in. to **180** ft., Dia. **---** in. to **---** ft., Dia. **---** in. to **---** ft.  
 Casing height above land surface: **18** in., weight **4.0** lbs./ft. Wall thickness or gauge No. **316**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: **XX** PVC    10 Asbestos-cement  
 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    11 Other (specify) **---**  
 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    **XX** 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 **180** ft. to **220** ft., From **---** ft. to **---** ft.  
 From **---** ft. to **---** ft., From **---** ft. to **---** ft.  
 GRAVEL PACK INTERVALS: From **25** ft. to **220** ft., From **---** ft. to **---** ft.  
 From **---** ft. to **---** ft., From **---** ft. to **---** ft.

6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    **XX** Other Baroid Hole Plug  
 Grout Intervals: From **0** ft. to **25** ft., From **---** ft. to **---** ft., From **---** ft. to **---** ft.  
 What is the nearest source of possible contamination: **XX** Livestock pens    14 Abandoned water well  
 1 Septic tank    4 Lateral lines    7 Pit privy    11 Fuel storage    15 Oil well/Gas well  
 2 Sewer lines    5 Cess pool    8 Sewage lagoon    12 Fertilizer storage    16 Other (specify below)  
 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    13 Insecticide storage

Direction from well? **North** How many feet? **1000**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	16	Clay			
16	22	Blue Clay & Fine Sand			
22	96	Blue Clay			
96	101	Med. Sand			
101	131	Caliche			
131	146	Med. Sand			
146	161	Caliche			
161	169	Small Sand			
169	193	Caliche			
193	198	Med. Sand			
198	200	Blue Clay			
200	217	Med. Sand			
217	220	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) **October 9, 1990** 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/yr) **October 15, 1990** 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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R FW SEC 1/4 1/4 1/4