

1	LOC ^A TION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County:	Meade	NW ¼ NW ¼ NW ¼	4	T 31 S	R 30 EW

Distance and direction from nearest town or city? Approx. 8 miles North of Plains
 Street address of well if located within city?

2 WATER WELL OWNER: Broce Construction of New Mexico
 RR#, St. Address, Box #: Box 1148
 City, State, ZIP Code: Tucumcari, N.M. 88401
 Board of Agriculture, Division of Water Resources
 Application Number: 33246

3 DEPTH OF COMPLETED WELL: 525 ft. Bore Hole Diameter: 26 in. to 525 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 186 ft. below land surface measured on Jan month 11 day 1980 year
 Pump Test Data: _____ Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 1700 gpm Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia: 16 in. to 525 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 36.91 lbs./ft. Wall thickness or gauge No. 219
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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 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-Perforation Dia: 16 in. to 525 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 240 ft. to 260 ft., From 275 ft. to 415 ft.
 From 525 ft. to 465 ft. _____ ft. to _____ ft.
 Gravel Pack Intervals: From 10 ft. to 525 ft. _____ ft. to _____ ft.
 From _____ ft. to _____ ft. _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines none observed
 Direction from well _____ How many feet _____? Water Well Disinfected? Yes _____ No X
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was
 completed on _____ Jan _____ month _____ 9 _____ day _____ 1980 _____ year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145
 This Water Well Record was completed on _____ Jan _____ month _____ 22 _____ day _____ 1980 _____ year under the business
 name of Henkle Drilling & Supply Co. by (signature) Bruce J. Relchman

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		see attached log			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC. 1/4 1/4 1/4

