

1 LOCATION OF WATER WELL: County: Meade	Fraction SW 1/4 NE 1/4 NE 1/4	Section Number 19	Township Number T 32 S	Range Number R 26 EW
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Distance and direction from nearest town or city street address of well if located within city?
8 1/2 Miles South of Fowler

2 WATER WELL OWNER: Tom Feldman RR#, St. Address, Box # : PO Box 606 City, State, ZIP Code : Meade KS 67864	Board of Agriculture, Division of Water Resources Application Number: ---
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 130 ft. ELEVATION:
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Depth(s) Groundwater Encountered ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL **127** ft. below land surface measured on mo/day/yr **5-15-97**

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter in. to ft., and in. to ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 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..... 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 in. to ft., Dia in. to ft., Dia in. to ft.				
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<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"/> 4 Gauged wrapped	<input type="checkbox"/> 8 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 ft. to ft., From ft. to ft., From ft. to ft.				
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.				

6 GROUT MATERIAL:	<input checked="" type="checkbox"/> 1 Neat cement	<input type="checkbox"/> 2 Cement grout	<input type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.				
What is the nearest source of possible contamination:				
<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input checked="" 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				

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			130	127	Chlorinated sands
			127	6	clay/subsoil
			6	3	Cement
			3	-	cut off casing and back fill

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) 6-1-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 6-3-97 under the business name of _____ by (signature) Tom Feldman
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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.