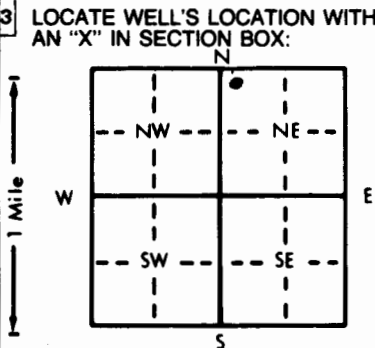


1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 NE 1/4 Section Number 7 Township Number T 32 S Range Number R 27 E  
 County: Meade

Distance and direction from nearest town or city street address of well if located within city?  
2 1/2 mi E of Meade

2 WATER WELL OWNER: Chris Carmichael  
 RR#, St. Address, Box #: \_\_\_\_\_ Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Meade, KS 67864 Application Number: \_\_\_\_\_



4 DEPTH OF COMPLETED WELL: 140 ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: 104 ft. below land surface measured on mo/day/yr \_\_\_\_\_  
 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:  
 1 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 \_\_\_\_\_; If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

5 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 diameter: 5 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 4 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel    3 Stainless steel    5 Fiberglass    7 PVC    10 Asbestos-cement  
 2 Brass    4 Galvanized steel    6 Concrete tile    8 RMP (SR)    11 Other (specify) NA  
 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) NA  
 SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft., 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., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other \_\_\_\_\_  
 Grout Intervals: From 104 ft. to 99 ft., From 10 ft. to 5 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 Fuel storage    15 Oil well/Gas well  
 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below)  
 13 Insecticide storage  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			140	104	sand
			104	99	bentonite hole plug
			99	10	sand
			10	5	bentonite hole plug
			5	top	dirt
<i>plugged well</i>					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 5-10-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 101 This Water Well Record was completed on (mo/day/yr) 5-24-93 under the business name of Bartel Well Drilling, Inc. by (signature) Reuben J. Bartel

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.