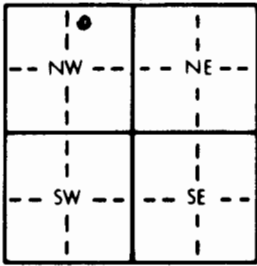


1 LOCATION OF WATER WELL: County: <u>Meade</u>		Fraction: <u>NW 1/4 NE 1/4 NW 1/4</u>	Section Number: <u>11</u>	Township Number: <u>T 32 S</u>	Range Number: <u>R 28 E</u>																																										
Distance and direction from nearest town or city street address of well if located within city? <u>623 East Carthage, Meade, KS.</u>																																															
2 WATER WELL OWNER: <u>City of Meade</u> RR#, St. Address, Box #: <u>Municipal Plant 623 E. Carthage</u> City, State, ZIP Code: <u>Meade, Ks. 67864</u> Board of Agriculture, Division of Water Resources Application Number: _____																																															
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>		4 DEPTH OF COMPLETED WELL: <u>20'</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. <u>18'</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>15.75</u> ft. below land surface measured on mo/day/yr <u>9-23-96</u> 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: <u>8 1/2"</u> in. to <u>20'</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <div style="display: flex; justify-content: space-between;"> <div> 5 Public water supply 1 Domestic 2 Irrigation </div> <div> 3 Feedlot 4 Industrial </div> <div> 6 Oil field water supply 7 Lawn and garden only </div> <div> 8 Air conditioning 9 Dewatering 10 Monitoring well </div> <div> 11 Injection well 12 Other (Specify below) <u>Vapor Extraction</u> </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>																																													
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel <u>2 PVC</u> Blank casing diameter <u>2.375</u> in. to <u>10'</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface <u>Flush Mt.</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 13</u> TYPE OF SCREEN OR PERFORATION MATERIAL:  <div style="display: flex; justify-content: space-between;"> <div>1 Steel 2 Brass</div> <div>3 Stainless steel 4 Galvanized steel</div> <div>5 Fiberglass 6 Concrete tile</div> <div>8 RMP (SR) 9 ABS</div> <div>10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)</div> </div> </div> <div> 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) _____ Casing JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____<u>X</u> </div> </div> SCREEN OR PERFORATION OPENINGS ARE: <div style="display: flex; justify-content: space-between;"> <div> 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched </div> <div> 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut </div> <div> 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole) </div> </div> SCREEN-PERFORATED INTERVALS: From <u>20'</u> ft. to <u>10'</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20'</u> ft. to <u>9'</u> 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 <u>9'</u> ft. to <u>4'</u> ft. From <u>4'</u> ft. to <u>0'</u> ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines </div> <div> 4 Lateral lines 5 Cess pool 6 Seepage pit </div> <div> 7 Pit privy 8 Sewage lagoon 9 Feedyard </div> <div> 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage </div> <div> 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____ </div> </div> Direction from well? <u>Southeast</u> How many feet? <u>100'</u>																																															
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9-20-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>539</u> This Water Well Record was completed on (mo/day/yr) <u>10-25-96</u> under the business name of <u>JB Environmental Drilling</u> by (signature) <u>James Becker</u>																																															
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.																																															

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