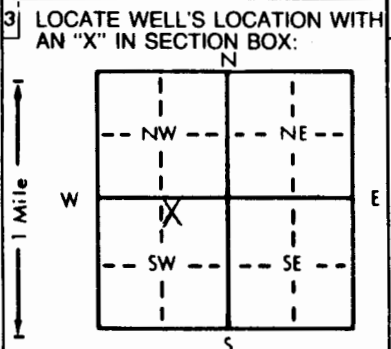


1 LOCATION OF WATER WELL: Fraction **NW 1/4 NE 1/4 SW** Section Number **2** Township Number **T 32 S** Range Number **R 28 E/W**  
 County: **Meade**

Distance and direction from nearest town or city street address of well if located within city?  
**200' from the SE Corner of Fowler Street & Madison Street**

2 WATER WELL OWNER: **Meade Cooperative Elevator & Supply**  
 RR#, St. Address, Box #: **North Highway 23** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Meade, Ks. 67864** Application Number:



4 DEPTH OF COMPLETED WELL: **60** ft. ELEVATION: **NA**  
 Depth(s) Groundwater Encountered 1. **41** ft. 2. ft. 3. ft.  
 WELL'S STATIC WATER LEVEL: **41.94** ft. below land surface measured on **mo/day/yr** **03-22-94**  
 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: **7.5/8** in. to **60** ft., and in. to ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply 8 Air conditioning 11 Injection well  
 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.. **x**.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes No **x**

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 **x**  
 Blank casing diameter **2** in. to **35** ft., Dia in. to ft., Dia in. to ft.  
 Casing height above land surface **0** in., weight lbs./ft. Wall thickness or gauge No. **sch. 40**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)  
 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-PERFORATED INTERVALS: From **60** ft. to **35** ft., From ft. to ft.  
 From ft. to ft., From ft. to ft.  
 GRAVEL PACK INTERVALS: From **60** ft. to **32** 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 **0** ft. to **28** ft., From **28** ft. to **32** ft., From ft. to ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy **11** Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)

Direction from well? **southwest** How many feet? **75**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2'	cl, med-dk brn, mod-slty, tr f-c snd			
2'	8'	cl, lt brn, v slty			
8	13	cl, lt oran-brn, v slty, mod snd-grvl szd calic			
13	18	cl, lt oran-brn, v slty, mod snd-grvl szd calic, tr v f-med snd			
18	23	cl, lt oran-brn, v slty, tr of calic clsts, tr v f-med snd			
23	26	snd, v f-f, v slty, mod clayey cl			
26	34	cl, lt oran-brn, v slty, sl calic mat			
34	40	cl, v lt gry-brn, v slty, mod-irg amnts of calic clsts			
40	52	cl, lt-med brn, v slty, tr v f-f snd			
52	60	cl, lt gry-white, lots of calic clsts, snd-grvl szd, v slty			MW2-flush mount cover

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) **03-04-94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527**. This Water Well Record was completed on (mo/day/yr) **4-18-94** under the business name of **GeoCore Services, Inc.** by (signature) *Dale A. [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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.