

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Meade	NE 1/4 NW 1/4 SW 1/4	7	T 32 S	R 28 EW

Distance and direction from nearest town or city? **4 1/2 and 1/2 South of Meade, Ks.** Street address of well if located within city?

2 WATER WELL OWNER: **Jack Sanders**
 RR#, St. Address, Box # :
 City, State, ZIP Code : **Meade, Ks. 67864**
 Board of Agriculture, Division of Water Resources
 Application Number: **p-----**

3 DEPTH OF COMPLETED WELL: **204** ft. Bore Hole Diameter **7 7/8** in. to **204** 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 **XXX** Other (Specify below)
 7 Lawn and garden only 10 Observation well **Stock**
 Well's static water level **102** ft. below land surface measured on **January** month **12** day **1981** year
 Pump Test Data
 Est. Yield **60+** gpm: Well water was _____ ft. after _____ hours pumping _____ 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 **XXX** Clamped _____
XXX 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia **5** in. to **164** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **12** in. weight **2.8** lbs./ft. Wall thickness or gauge No. **265**
 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 **XXX** 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 **5** in. to **204** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **164** ft. to **204** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **14** ft. to **204** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: **XXX** Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From **4** ft. to **14** 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 **XXX** 16 Other (specify below) _____
 13 Watertight sewer lines **Creek Bed**
 Direction from well **North** How many feet **600** ? Water Well Disinfected? Yes **XXX** No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **XXX** If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes **XXX** No
 If Yes: Pump Manufacturer's name **Aermotor** Model No. **SD12-100** HP **1** Volts **220**
 Depth of Pump Intake **140** ft. Pumps Capacity rated at **10** gal./min.
 Type of pump: **XX** 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 **January** month **14** day **1981** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252**
 This Water Well Record was completed on **February** month **2** day **1981** year under the business name of **Friesen Windmill & Supply Inc/** by (signature) _____

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		LITHOLOGIC LOG	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO
	0	1			Topsoil			
	1	45			Clay			
	45	51			Fine to Med Sand (Cemented)			
	51	64			Yellow Clay			
	64	111			Fine, Med to Lg. Sand			
	111	124			Clay			
	124	130			Fine Sand, Med. to Lg. Sand			
	130	137			Fine Sand w/Layers of Rock			
	137	196			Fine, Med to Lg Sand			
	196	204			Blue Clay w/Streaks Fine Sand			

Depth(s) Groundwater Encountered **1. Not available** 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
32
R
25
SEC. 7
NE 1/4
NW 1/4
SW 1/4