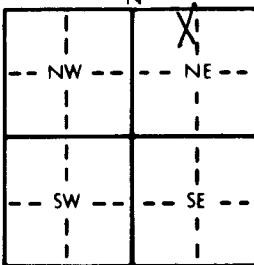


BH-B/mw-9		2011036		WATER WELL RECORD		Form WWC-5		KSA 82a-1212			
1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: Meade		NE 1/4 NW 1/4 NE 1/4		11		T 32 S		R 28 EW			
Distance and direction from nearest town or city street address of well if located within city?											
623 E. Carthage, Meade											
2 WATER WELL OWNER:		Meade Municipal Power Plant									
RR#, St. Address, Box # :		623 E. Carthage									
City, State, ZIP Code :		Meade, KS 67864									
Board of Agriculture, Division of Water Resources											
Application Number:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 25.0 ft. ELEVATION: NA									
		Depth(s) Groundwater Encountered 1. 21 ft. 2. ft. 3. ft.									
		WELL'S STATIC WATER LEVEL 17.29 ft. below land surface measured on mo/day/yr 12-11-92									
		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 8 in. to 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 Flush											
Blank casing diameter 2 in. to ft., Dia in. to ft., Dia in. to ft.											
Casing height above land surface Flush in., weight 703 lbs./ft. Wall thickness or gauge No. 154											
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 10.0 ft. to 25.0 ft. From ft. to ft.											
From ft. to ft. From ft. to ft.											
GRAVEL PACK INTERVALS: From 9.6 ft. to 25.0 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 9.0 ft. to 1.0 ft. From ft. to 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? South How many feet? 150											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0.0		5.0		Clay, very hard							
5.0		10.0		Sand stone, very fine grain well sorted							
10.0		15.0		Sand stone to silt stone							
15.0		20.0		Sand stone to silt stone							
20.0		25.0		Sand stone to silt stone							
Flush Mount Waiver granted 12-10-92 for Meade Municipal Plant; KDHE 01060027 by Don Taylor											
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) 12-11-92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 1-11-93 under the business name of GST by (signature) Allison Irwin											
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.											