

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

Distance and direction from nearest town or city? **5 South, 2 1/4 West of Meade, Kansas** Street address of well if located within city?

2 WATER WELL OWNER: **Southwest Gas Storage**
 RR#, St. Address, Box #: **Box 959** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Meade, Kansas 67864** Application Number: **---**

3 DEPTH OF COMPLETED WELL: **248** ft. Bore Hole Diameter: **9 7/8** in. to **248** ft. and ... in. to ... ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot **XXX** Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 Well's static water level: **52** ft. below land surface measured on **Sept.** month **26** day **1980** year
 Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm
 Est. Yield **90** 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 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded
 Threaded.
 Blank casing dia: **5** in. to **148** 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 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia: **5** in. to **248** ft. Dia ... in. to ... ft. Dia ... in. to ... ft.
 Screen-Perforated Intervals: From **148** ft. to **248** ft. From ... ft. to ... ft.
 Gravel Pack Intervals: From **14** ft. to **248** 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.
 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 **XXX** 15 Oil well ~~Casrock~~
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 Direction from well: **East** How many feet: **300** ? 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: **Rental Pump** No
 If Yes: Pump Manufacturer's name: **Aermotor** Model No. **Not available** Volts
 Depth of Pump Intake: **Not available** ft. Pumps Capacity rated at ... gal./min.
 Type of pump: **XX** 1 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 **September** month **26** day **1980** 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 **October** month **8** day **1980** 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	FROM	TO	LITHOLOGIC LOG
	0	5	Clay			
	5	11	Med. to Lar. Sand			
	11	43	Clay			
	43	170	Blue Clay			
	170	182	Fine Blue Sand			
	182	220	Clue Clay with streaks of clay			
	220	245	Med. to Lar. Sand			
245	268	Med. to Lar. Sand w/Streaks of Clay				

ELEVATION: **Slope**

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
NW
SEC.
32
SW 1/4
SE 1/4
SE 1/4