

1 LOCATION OF WATER WELL County: Meade	Fraction NE 1/4 NE 1/4 SE 1/4	Section Number 34	Township Number T 32 S	Range Number R 28 E/W
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Distance and direction from nearest town or city? **4 1/2 South of Meade, Ks.** Street address of well if located within city?

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

3 DEPTH OF COMPLETED WELL: **160** ft. Bore Hole Diameter: **9 7/8** in. to **160** 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)
 10 Observation well
 Well's static water level: **63** ft. below land surface measured on **August** month **7** day **1980** year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **75-100** 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 **XXXX** Casing Joints: Glued **XXX** Clamped _____
XXX 2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 _____ Threaded _____
 Blank casing dia: **5** in. to **124** 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) 10 Asbestos-cement 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** 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-Perforation Dia: **5** in. to **164** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **124** ft. to **164** ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **14** ft. to **164** 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) **creek**
 13 Watertight sewer lines
 Direction from well: **West** How many feet: **1000** ? 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**
 If Yes: Pump Manufacturer's name: ~~XXXXXXXXXXXX~~ **Aermotor** Model No. **Not available** HP **Not available** Volts **220**
 Depth of Pump Intake: **Not available** ft. Pumps Capacity rated at **Not available** gal./min.
 Type of pump: **XXX** 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 **August** month **7** day **1980** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractors License No. **252**
 This Water Well Record was completed on **September** month **12** day **1980** year under the business name of **Friesen Windmill & Supply Inc.** by (signature) _____

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	5	Topsoil			
	5	32	Fine Sand with streaks of Clay			
	32	55	Med. to Lar. Sand			
	55	103	Clay with streaks of fine sand			
	103	146	Med. to Lar. Sand and Gravel			
	146	160	Red Bed			

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
88
EW
SEC.
NE 1/4
NE 1/4
SE 1/4