

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Meade	SE 1/4 SE 1/4 SW 1/4	34	T 32 S	R 28 E/W

Distance and direction from nearest town or city? **3/4 South, 1/2 West of Meade, Kansas**
 Street address of well if located within city?

2 WATER WELL OWNER: **Southwest Gas Storage, Underground Storage Div.**
 RR#, St. Address, Box #: **Box 959**
 City, State, ZIP Code: **Meade, Ks. 67864** **McNaughton 2-34**
 Board of Agriculture, Division of Water Resources
 Application Number: **----**

3 DEPTH OF COMPLETED WELL: **143** ft. Bore Hole Diameter: **7 7/8** in. to **143** ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic **XXX** 3 Feedlot **XXX** 5 Public 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: **55** ft. below land surface measured on **February** month **27** day **1981** year
 Pump Test Data: Est. Yield **70** 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 **XXX** 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued **XX** Clamped
 2 Brass 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing dia: **5** in. to **103** 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
 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 **XXXX** 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 **143** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **103** ft. to **143** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **14** ft. to **143** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

5 GROUT MATERIAL: **XX** 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 **XXX** 15 ~~Oil well~~ Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: **North** How many feet: **250** ? 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** No
 If Yes: Pump Manufacturer's name: **Aermotor** Model No. **?** HP **?** Volts **220**
 Depth of Pump Intake: **?** ft. Pumps Capacity rated at **?** 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 **February** month **27** 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 **March** month **5** 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	FROM	TO	LITHOLOGIC LOG
	0	6	Topsoil (Sandy)			
	6	28	Sandy Clay s/Fine Sand Streaks			
	28	42	Med. to Lar. Sand			
	42	90	Clay			
	90	101	Med. Sand			
	101	110	Clay			
	110	138	Med. to Lar. Sand & Gravel			
	138	152	Clay			
	152	157	Gravel (Black)			
	157	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 38
R 28
SEC. 34
SE 1/4
SE 1/4
SW 1/4