

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Meade	SW 1/4 SW 1/4 SW 1/4	36	T 32 S	R 28 & W

Distance and direction from nearest town or city? **5 South and 1 East of Meade, Ks.** Street address of well if located within city?

2 WATER WELL OWNER: **Southwest Gas Storage, Underground**
 RR#, St. Address, Box #: **Box 959** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Meade, Ks. 67864** **Loewen 1-36** Application Number: **---**

3 DEPTH OF COMPLETED WELL: **263** ft. Bore Hole Diameter: **9 7/8** in. to **263** ft. and **---** in. to **---** ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot **XX** 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: **139** ft. below land surface measured on **January** month **8** day **1981** year
 Pump Test Data: Well water was **---** ft. after **---** hours pumping **---** gpm
 Est. Yield: **60** 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: **XXX** Clamped
XX PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing dia: **5** in. to **203** 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 11 Other (specify) **---**
 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 **263** ft. Dia in. to **---** ft. Dia in. to **---** ft.
 Screen-Perforated Intervals: From **203** ft. to **263** ft., From **---** ft. to **---** ft., From **---** ft. to **---** ft.
 Gravel Pack Intervals: From **14** ft. to **263** 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 **XXX** 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: **East** How many feet **250** ? Water Well Disinfected? Yes **XX** 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 **January** month **8** 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 **January** month **19** 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	
	0	1	257	264	Clay	
	1	62	Clay			
	62	70	Fine, Med. to Lg. Sand			
	70	101	Clay			
	101	112	Fine Sand			
	112	174	Clay w/Streaks Fine Sand			
	174	183	Fine Sand			
	183	204	Clay			
	204	221	Med. Sand			
	221	240	Sandy Clay			
	240	257	Med. to Lg. 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
33
R
28
SEC
36
SW 1/4 SW 1/4 SW 1/4 SW 1/4