

1 LOCATION OF WATER WELL County: Meade	Fraction NW 1/4 SE 1/4 SE 1/4	Section Number 36	Township Number T 32 S	Range Number R 28 E/W
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Distance and direction from nearest town or city? **4.5 E 1/2 E of MEADE** Street address of well if located within city?

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

3 DEPTH OF COMPLETED WELL: **261** ft. Bore Hole Diameter: **9 7/8** in. to **261** ft. and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 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: **125** ft. below land surface measured on **December** month **19** 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 _____
XX PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing dia **5** in. to **201** 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**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 **261** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals:
 From **201** ft. to **261** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals:
 From **14** ft. to **261** 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 **XX**5 Oil well casing
 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 **200** ? Water Well Disinfected? Yes **XXX** No _____
 Was a chemical/bacteriological sample submitted to Department? Yes **XXX** No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes **XX** / 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**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 **December** month **19** 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 **December** month **31** 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	1	Topsoil			
1	41	Clay			
41	49	Fine Sand			
49	162	Hard Clay w/Streaks Fine Sand			
162	205	Fine Sand w/Clay Streaks			
205	221	Med. Sand w/Clay Streaks			
221	264	Med. to Lg. Sand and Gravel			

ELEVATION: **Upland**

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
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R
END
SEC.
NW 1/4
SE 1/4
SE 1/4