

1 LOCATION OF WATER WELL: County: Meade		Fraction NE ¼ SE ¼ NE ¼	Section Number 36	Township Number T 32 S	Range Number R 29 E W
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Distance and direction from nearest town or city street address of well if located within city?

From Stop Light in Meade - 4 miles south, 3 miles west, 3,810 ft. north & 100 ft. west

2] WATER WELL OWNER:	Mary R. Clawson	
RR#, St. Address, Box # :	Route 1 - Box 65F	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	Satanta, Kansas 67870	Application Number: 41,840

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 435 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 73 ft. below land surface measured on mo/day/yr 4-4-96

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 30 in. to 435 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
12 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped Welded X Threaded
① Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	
2 PVC	4 ABS	7 Fiberglass		

Blank casing diameter 16 in. to 190 ft. Dia in. to ft. Dia in. to ft.
Casing height above land surface 12 in. weight 42.05 lbs./ft. Wall thickness or gauge No. 250

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	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-PERFORATED INTERVALS:		From . . .	190	ft. to . . .	435	ft., From . . .	ft. to . . .	ft.
		From . . .		ft. to . . .		ft., From . . .	ft. to . . .	ft.
GRAVEL PACK INTERVALS:		From . . .	20	ft. to . . .	435	ft., From . . .	ft. to . . .	ft.
		From . . .		ft. to . . .		ft., From . . .	ft. to . . .	ft.

6] GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From 0 ft. to 20 ft. From ft. to ft. From ft. to ft.

What is the nearest source of possible contamination:			10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	N/A

Direction from well? _____ How many feet? _____

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4-11-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 208 This Water Well Record was completed on (mo/day/yr) 4-26-96 under the business name of Minter-Wilson Drilling Co., Inc. by (signature) Nora Keller

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.