

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Meade</u>		NW 1/4 NW 1/4 NW 1/4		17		T 33 S		R 27 EW	
Distance and direction from nearest town or city street address of well if located within city? <u>Meade, Kansas south on Hwy 23 6 1/2 miles, 3 miles east, south into location</u>									
2 WATER WELL OWNER: <u>Lyle Friesen</u>					<u>Rains & Williamson Oil Co.</u>				
RR#, St. Address, Box # : <u>HCR 3 - Box 31</u>					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>Meade, Kansas 67846</u>					Application Number: <u>T89-296</u>				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <u>165</u> ft. ELEVATION: _____ ft.						
<div style="text-align: center;"><p>1 Mile</p></div>			Depth(s) Groundwater Encountered 1. <u>59</u> ft. 2. _____ ft. 3. _____ ft.						
			WELL'S STATIC WATER LEVEL <u>59</u> ft. below land surface measured on mo/day/yr <u>6-30-89</u>						
			Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm						
			Est. Yield <u>42</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm						
			Bore Hole Diameter <u>9</u> in. to <u>165</u> 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 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes X No _____									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded _____									
Blank casing diameter <u>5 1/2</u> in. to <u>65</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>28</u> in., weight <u>2.93</u> lbs./ft. Wall thickness or gauge No. <u>2.65</u>									
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 <u>65</u> ft. to <u>165</u> ft., From _____ ft. to _____ ft.									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>22</u> ft. to <u>55</u> ft., From <u>65</u> ft. to <u>165</u> 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 <u>0</u> ft. to <u>4</u> ft., From <u>4</u> ft. to <u>22</u> ft., From <u>55</u> ft. to <u>65</u> ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____									
13 Insecticide storage _____									
Direction from well? <u>Northwest</u> How many feet? <u>190</u>									
FROM			TO			LITHOLOGIC LOG			
0			12			Surface			
12			21			50% Rock, 50% Sandy clay			
21			30			Sandy clay			
30			42			Rock			
42			50			50% Rock, 50% Sandy clay			
50			83			50% Brown clay, 50% Sandy clay			
63			84			50% Brown Clay, 25% med/large sand			
						25% Sandy clay			
84			100			25% Brown clay, 75% sandy clay			
100			120			10% brown clay, 50% med/large sand			
						40% sandy clay			
120			140			10% brown clay, 90% sandy clay			
140			165			10% brown clay, 90% fine sand			
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) <u>6-30-89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>118</u> This Water Well Record was completed on (mo/day/yr) <u>7-18-90</u> under the business name of <u>Carlile Water Well Service, Inc.</u> by (signature) _____									
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.									