

LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Meade		NW 1/4 SE 1/4 SE 1/4		26		T 33 S		R 27 EW	
Distance and direction from nearest town or city street address of well if located within city? 8 South, 4 East, 1 South, 1 East, 1 South, 1 3/4 East of Meade, Kansas									
WATER WELL OWNER:		Clifford Friesen							
RR#, St. Address, Box # :		Englewood Rt.							
City, State, ZIP Code :		Meade, Kansas 67864							
		Board of Agriculture, Division of Water Resources							
		Application Number: ---							
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 200 ft. ELEVATION: Slope							
<div style="text-align: center;"> </div>		Depth(s) Groundwater Encountered 1. 186 ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL 161 ft. below land surface measured on mo/day/yr Nov. 18, 1981							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter 8 in. to 200 ft. and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS:							
		<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____							
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____							
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____							
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded _____							
<input checked="" type="checkbox"/> PVC 4 ABS		7 Fiberglass _____ Threaded _____							
Blank casing diameter 5 in. to 140 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:		<input checked="" type="checkbox"/> PVC 10 Asbestos-cement							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input checked="" type="checkbox"/> Saw cut 11 None (open hole)							
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS:		From 140 ft. to 200 ft. From _____ ft. to _____ ft.							
		From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS:		From 14 ft. to 200 ft. From _____ ft. to _____ ft.							
		From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
3 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From 4 ft. to 14 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 <input checked="" type="checkbox"/> Other (specify below)									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Draw									
Direction from well? 200 Ft. Southeast		How many feet? 200							
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG			
0	2	Topsoil							
2	161	Clay and Caliche							
161	175	Med. to Lar. Sand							
175	186	Clay							
186	190	Med. to Lar. Sand							
190	203	Red Bed							
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) November 20, 1981 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 (mo/day/yr) December 2, 1981							
under the business name of Friesen Windmill & Supply Inc.		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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									