

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: <u>Meade</u>		<u>SE 1/4 NE 1/4 SE 1/4</u>	<u>29</u>	T <u>33</u> S	R <u>27</u> E <u>W</u>				
Distance and direction from nearest town or city street address of well if located within city? <u>4 1/2 S + 4 E from Meade</u>									
2 WATER WELL OWNER: <u>Laurel Ediger</u>									
RR#, St. Address, Box # :			Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : <u>Meade, KS 67864</u>			Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>191</u> ft. ELEVATION:							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center; width: 150px; height: 150px;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. <u>174</u> ft. 2. . ft. 3. . ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <u>174</u> ft. below land surface measured on mo/day/yr <u>11-2-89</u>							
		Pump test data: Well water was <u>174</u> ft. after <u>1</u> hours pumping <u>8</u> gpm							
Est. Yield <u>8</u> gpm; Well water was . ft. after . hours pumping . gpm									
Bore Hole Diameter <u>8 3/4</u> in. to <u>191</u> ft., and . in. to . ft.									
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well							
<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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:									
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped					
<input checked="" type="radio"/> PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded					
		7 Fiberglass		Threaded					
Blank casing diameter <u>5</u> in. to <u>151</u> ft., Dia . in. to . ft., Dia . in. to . ft.									
Casing height above land surface <u>24</u> in., weight . lbs./ft. Wall thickness or gauge No. <u>20016</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass		<input checked="" type="radio"/> PVC 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 <input checked="" type="radio"/> 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>151</u> ft. to <u>191</u> ft., From . ft. to . ft.									
From . ft. to . ft., From . ft. to . ft.									
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>190</u> ft., From . ft. to . ft.									
From . ft. to . ft., From . ft. to . ft.									
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="radio"/> Cement grout 3 Bentonite 4 Other									
Grout intervals: From <u>top</u> ft. to <u>20</u> ft., From . ft. to . ft., From . ft. to . ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Lateral lines 7 Pit privy		<input checked="" type="radio"/> 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>East</u> How many feet? <u>5280</u>									
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
<u>top</u>	<u>40</u>	<u>white clay</u>							
<u>40</u>	<u>138</u>	<u>brown clay w/streaks of sand</u>							
<u>138</u>	<u>187</u>	<u>sand + gravel</u>							
<u>187</u>	<u>191</u>	<u>red bed</u>							
SDR-21									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-3-89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>101A</u> This Water Well Record was completed on (mo/day/yr) <u>11-6-89</u> under the business name of <u>Bartel Well Drilling</u> by (signature) <u>Reuben Bartel</u>									
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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.									