

<b>1 LOCATION OF WATER WELL:</b>		Fraction	<b>SW</b> $\frac{1}{4}$	<b>NW</b> $\frac{1}{4}$	<b>X NW</b> $\frac{1}{4}$	Section Number <b>36</b>	Township Number T <b>33</b> S	Range Number R <b>27</b> E/W
Distance and direction from nearest town or city street address of well if located within city?								
<b>2 WATER WELL OWNER:</b>		<b>Al &amp; Lyle Friesen</b>						
RR#, St. Address, Box # :		<b>HCR-3, Box 31</b>						
City, State, ZIP Code :		<b>Meade, KS 67864</b>						
		Board of Agriculture, Division of Water Resources						
		Application Number: -----						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL: 200 ft. ELEVATION: Slope</b>						
		Depth(s) Groundwater Encountered 1. <b>Not available</b> ft. 2. .... ft. 3. .... ft.						
		WELL'S STATIC WATER LEVEL <b>167</b> ft. below land surface measured on mo/day/yr <b>Nov. 1, 1990</b>						
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm						
		Est. Yield <b>20</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm						
		Bore Hole Diameter <b>10</b> in. to <b>200</b> 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 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						
<b>5 TYPE OF BLANK CASING USED:</b>		<b>CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped</b>						
1 Steel                  3 RMP (SR)		5 Wrought iron                  8 Concrete tile                  Welded .....						
<input checked="" type="checkbox"/> PVC                  4 ABS		6 Asbestos-Cement              9 Other (specify below)              Threaded .....						
		7 Fiberglass						
Blank casing diameter <b>5</b> in. to <b>160</b> ft. Dia		in. to ..... ft. Dia ..... in. to ..... ft.						
Casing height above land surface <b>18</b> in. weight <b>2.8</b> lbs./ft. Wall thickness or gauge No. <b>.265</b>								
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		<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)								
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		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) .....								
<b>SCREEN-PERFORATED INTERVALS:</b> From <b>160</b> ft. to <b>200</b> ft.		From ..... ft. to ..... ft.						
		From ..... ft. to ..... ft.						
<b>GRAVEL PACK INTERVALS:</b> From <b>20</b> ft. to <b>200</b> ft.		From ..... ft. to ..... ft.						
		From ..... ft. to ..... ft.						
<b>6 GROUT MATERIAL:</b>		1 Neat cement                  2 Cement grout                  3 Bentonite <input checked="" type="checkbox"/> Other <b>Baroid Hole Plug</b>						
Grout Intervals: From <b>0</b> ft. to <b>20</b> ft.		From ..... ft. to ..... ft.						
What is the nearest source of possible contamination:		<input checked="" type="checkbox"/> 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								
Direction from well? <b>Southwest</b>		How many feet? <b>75</b>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2	Topsoil						
2	27	Blue Clay						
27	102	Caliche						
102	161	Clay						
161	167	Fine Sand						
167	176	Caliche						
176	183	Clay & Fine Sand						
183	191	Med. Sand						
191	200	Red Bed						
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>November 3, 1990</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>252</b> This Water Well Record was completed on (mo/day/year) <b>November 26, 1990</b> under the business name of <b>Friesen Windmill &amp; Supply Inc.</b> 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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								