

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number																																																													
County: Meade		NE 1/4 NW 1/4 SE 1/4		6		T 33 S		R 28 E/W																																																													
Distance and direction from nearest town or city? 2 South, 2 West, 3 South, 1 West, 1/2 South, 1/4 West of Meade, Ks.				Street address of well if located within city?																																																																	
2 WATER WELL OWNER:		Southwest Gas Storage Harris B1-6																																																																			
RR#, St. Address, Box # :		c/o Underground Storage																																																																			
City, State, ZIP Code :		Box 959, Meade, Ks. 67864																																																																			
		Board of Agriculture, Division of Water Resources Application Number: -----																																																																			
3 DEPTH OF COMPLETED WELL: 155		ft. Bore Hole Diameter: 9 7/8 in. to 155 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 XXX Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well																																																																			
Well's static water level: 30		ft. below land surface measured on November month 7 day 1980 year																																																																			
Pump Test Data		Well water was ft. after hours pumping. gpm																																																																			
Est. Yield 70 gpm		Well water was ft. after hours pumping. gpm																																																																			
4 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile Casing Joints: Glued XXX Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded XXX PVC 4 ABS 7 Fiberglass Threaded																																																																			
Blank casing dia: 5		in. to 95 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:		XXX PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 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 XXX 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-Perforation Dia: 5		in. to 155 ft., Dia in. to ft., Dia in. to ft.																																																																			
Screen-Perforated Intervals:		From 95 ft. to 155 ft. From ft. to ft. From ft. to ft.																																																																			
Gravel Pack Intervals:		From 14 ft. to 155 ft. From ft. to ft. From ft. to ft.																																																																			
5 GROUT MATERIAL: XXX Neat cement		2 Cement grout 3 Bentonite 4 Other																																																																			
Grouted Intervals: From 4		ft. to 14 ft., From ft. to ft.																																																																			
What is the nearest source of possible contamination:		10 Fuel storage 14 Abandoned water well 1 Septic tank 4 Cess pool 11 Fertilizer storage XXX 5 Oil well Gas well 2 Sewer lines 5 Seepage pit 12 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines																																																																			
Direction from well: East		How many feet 200 ? Water Well Disinfected? Yes XXX No																																																																			
Was a chemical/bacteriological sample submitted to Department? Yes		No. XXX If yes, date sample was submitted month day year: Pump Installed? Yes XX Rental Pump Installed																																																																			
If Yes: Pump Manufacturer's name: Aermotor		Model No. ? HP ? Volts 220																																																																			
Depth of Pump Intake: ?		ft. Pumps Capacity rated at ? gal./min.																																																																			
Type of pump: XXX Submersible		2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other																																																																			
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on November month 7 day 1980 year																																																																					
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 November month 17 day 1980 year under the business name of Friesen Windmill & Supply, Inc. by (signature)																																																																					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>8</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>14</td> <td>Fine Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td>38</td> <td>Clay w/Fine Sand Streaks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>38</td> <td>94</td> <td>Fine, Med. to Lar. Sand w/Some Clay Streaks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>94</td> <td>106</td> <td>Blue Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>106</td> <td>150</td> <td>Med. to Lar. Sand w/some Clay Streaks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>150</td> <td>157</td> <td>Very Hard Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>157</td> <td>160</td> <td>Fine Sand</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	2	Topsoil				2	8	Clay				8	14	Fine Sand				14	38	Clay w/Fine Sand Streaks				38	94	Fine, Med. to Lar. Sand w/Some Clay Streaks				94	106	Blue Clay				106	150	Med. to Lar. Sand w/some Clay Streaks				150	157	Very Hard Clay				157	160	Fine Sand			
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ELEVATION: Slope																																																																					
Depth(s) Groundwater Encountered 1. Not available		ft. 3. ft. 4. ft. (Use a second sheet if needed)																																																																			

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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