

1 LOCATION OF WATER WELL		Fraction NW NW NE	Section Number	Township Number	Range Number
County: Meade		1/4 1/4 1/4	30	T 33 S	R 28 E
Distance and direction from nearest town or city? 0 South, 3 West, 1 South, 1/2 West of Meade, Ks.			Street address of well if located within city?		
2 WATER WELL OWNER:		Diamond Shamrock			
RR#, St. Address, Box # :		c/o Glenn Rose, Rt. # 1			
City, State, ZIP Code :		Canadian, Texas 79014			
		Board of Agriculture, Division of Water Resources Application Number: ---			
3 DEPTH OF COMPLETED WELL: 254 ft. Bore Hole Diameter: 9 7/8 in. to 254 ft. and --- in. to --- ft.					
Well Water to be used as:					
1 Domestic		3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation		4 Industrial	7 Lawn and garden only	9 Dewatering	12 Other (Specify below)
Well's static water level 51 ft. below land surface measured on September month 16 day 1980 year					
Pump Test Data					
Est. Yield 100 gpm:		Well water was	ft. after	hours pumping	gpm
		Well water was	ft. after	hours pumping	gpm
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued XXX Clamped
XXX 2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
			7 Fiberglass		Threaded
Blank casing dia 5 in. to 174 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:					
1 Steel		3 Stainless steel	5 Fiberglass	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	XXX 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-Perforation Dia 5 in. to 254 ft. Dia --- in. to --- ft. Dia --- in. to --- ft.					
Screen-Perforated Intervals: From 174 ft. to 254 ft., From --- ft. to --- ft., From --- ft. to --- ft.					
Gravel Pack Intervals: From 14 ft. to 254 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., From --- ft. to --- ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	XXX 15 Oil well/ Gas well
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
Direction from well East How many feet 39 300 ? 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 They installed their own No ---					
If Yes: Pump Manufacturer's name --- Model No. --- HP --- Volts ---					
Depth of Pump Intake --- ft. Pumps Capacity rated at --- gal./min.					
Type of pump: 1 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 September month 16 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 October month 13 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:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		0 62 Blue Clay & Clay			
		62 77 Fine Blue Sand			
		77 180 Blue Clay & Clay			
		180 260 Fine, Med. to Lar. Sand with some clay streaks			
ELEVATION: Hill					
Depth(s) Groundwater Encountered 1. Not available ft. 3. --- ft. 4. --- ft. (Use a second sheet if needed)					

OFFICE USE ONLY

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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.