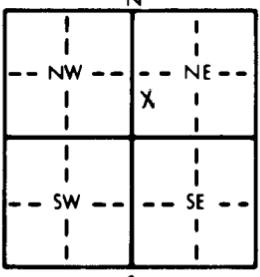


1] LOCATION OF WATER WELL: County: <u>Meade</u>		Fraction: <u>NW 1/4 SW 1/4 NE 1/4</u>		Section Number: <u>22</u>	Township Number: <u>T 34</u> S		Range Number: <u>R 28</u> EW										
Distance and direction from nearest town or city street address of well if located within city? <u>14 miles South of Meade</u>																	
2] WATER WELL OWNER: <u>Leonard Meierdinks</u> RR#, St. Address, Box #: <u>17120 BB Road</u> City, State, ZIP Code: <u>Meade, KS 67864</u>				Board of Agriculture, Division of Water Resources Application Number:													
3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4] DEPTH OF COMPLETED WELL: <u>20</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <u>DRY</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <table border="0"><tr><td>1 Domestic</td><td>3 Feedlot</td><td>6 Oil field water supply</td><td>9 Dewatering</td><td>12 Other (Specify below)</td></tr><tr><td>2 Irrigation</td><td>4 Industrial</td><td>7 Lawn and garden only</td><td>10 Monitoring well</td><td></td></tr></table> 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 _____ No <input checked="" type="checkbox"/>						1 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	
1 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														
5] TYPE OF BLANK CASING USED: 1 Steel 2 PVC Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____		3 Wrought iron 6 Asbestos-Cement 7 Fiberglass 10. <u>stove pipe</u> CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____															
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole) 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)															
6] GROUT MATERIAL: <u>1 Neat cement</u> Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 <u>Livestock pens</u> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____		4 Other _____ How many feet? _____															
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS							
						<u>20</u>		<u>0</u>		<u>Cement</u>							
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) <u>5-20-96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ by (signature) <u>Leonard Meierdinks</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																	