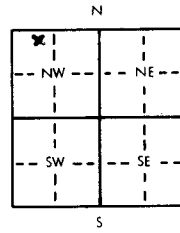


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>MEADE</u>		<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>5</u>	T <u>35</u> S	R <u>26</u> E/W		
Distance and direction from nearest town or city? <u>8W From INGERSWOOD</u>			Street address of well if located within city?				
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <u>MEADE KANSAS 67864</u>							
Board of Agriculture, Division of Water Resources Application Number:							
3 DEPTH OF COMPLETED WELL... <u>70</u> ... ft. Bore Hole Diameter... <u>10</u> ... in. to... <u>70</u> ... ft., and... in. to... ft.							
Well Water to be used as: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Public water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well							
Well's static water level... <u>25</u> ... ft. below land surface measured on... <u>4</u> ... month... <u>29</u> ... day... <u>89</u> ... year							
Pump Test Data : Well water was... ft. after... hours pumping... gpm Est. Yield <u>30</u> 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 <input checked="" type="checkbox"/> Clamped... 2 <u>PVC</u> 4 ABS 7 Fiberglass 9 Other (specify below) Welded... Blank casing dia... <u>5</u> ... in. to... <u>40</u> ... ft., Dia... <u>5</u> ... in. to... ft., Dia... in. to... ft. Casing height above land surface... <u>1.8</u> ... in., weight... <u>2.37</u> ... lbs./ft. Wall thickness or gauge No... <u>214</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 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) Screen or Perforation Openings Are: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped <u>8 Saw cut</u> 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes Screen-Perforation Dia... <u>5</u> ... in. to... <u>60</u> ... ft., Dia... in. to... ft., Dia... in. to... ft. Screen-Perforated Intervals: From... <u>40</u> ... ft. to... <u>60</u> ... ft., From... ft. to... ft., From... ft. to... ft. Gravel Pack Intervals: From... <u>10</u> ... ft. to... <u>70</u> ... ft., From... ft. to... ft., From... ft. to... ft.							
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other ... Grouted Intervals: From... <u>0</u> ... ft. to... <u>10</u> ... 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 15 Oil well/Gas well 3 Lateral lines 6 Pit privy <u>9 Livestock pens</u> 12 Insecticide storage 16 Other (specify below) 13 Watertight sewer lines Direction from well... <u>WEST</u> ... How many feet... <u>150</u> ... ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No... If yes, date sample was submitted... month... day... year: Pump Installed? Yes <input checked="" type="checkbox"/> 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 <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on... <u>4</u> ... month... <u>29</u> ... day... <u>1983</u> ... year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No... <u>411A</u> This Water Well Record was completed on... <u>4</u> ... month... <u>30</u> ... day... <u>1983</u> ... year under the business name of <u>LEWIS WATER WELL SERVICE</u> by (signature) <u>Ronald C. LHA</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>40</u>	<u>SUGAR SAND</u>			
		<u>40</u>	<u>60</u>	<u>LIGHT GRAVEL</u>			
		<u>60</u>	<u>70</u>	<u>DARK CLAY</u>			
		<u>70</u>		<u>RED BED</u>			
ELEVATION:							
Depth(s) Groundwater Encountered 1... <u>40</u> ... ft. 2... 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.