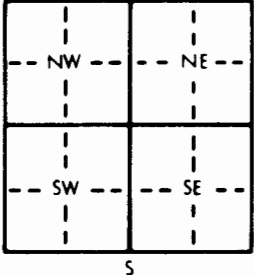


1 LOCATION OF WATER WELL: Fraction N/W Section Number 24 Township Number T 30 S Range Number R 12 W E/W
 County: Barber Distance and direction from nearest town or city street address of well if located within city? 9 1/2 N 1/2 W of Medicine Lodge Lot 8 Medicine Lodge Estates

2 WATER WELL OWNER: Ray & Omo RR#, St. Address, Box #: Lake Arrowhead Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Medicine Lodge, Ks. 67104 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 

4 DEPTH OF COMPLETED WELL: 45 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 9 1/2 ft. below land surface measured on mo/day/yr 10-16-97
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 35 in. and _____ in. to _____ in.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection 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
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was sub-
 mitted Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter 5 in. to 35 in. Dia _____ in. to _____ in. Dia _____ in. to _____ in.
 Casing height above land surface 17 in., weight _____ lbs./ft. Wall thickness or gauge No. 210
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 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-PERFORATED INTERVALS: 35 From 35 ft. to 45 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 23 ft. to 45 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 23 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 10 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? W How many feet? 300

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	soil			
3	11	fine sand			
11	16	clay			
16	42	sand some coarse			
42	45	coarse sand & shale			

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) 10-16-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 130 This Water Well Record was completed on (mo/day/yr) 10-16-97 under the business name of Ly an Inc. by (signature) Clark Hymen

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.

OFFICE USE ONLY

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