

|  |    |  |                |                 |                |
|--|----|--|----------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL:  |    | Fraction   | Section Number | Township Number | Range Number   |
| County: <u>Barber</u>  |    | <u>SW 1/4 SW 1/4 SW 1/4</u>  | <u>25</u>      | <u>T 30 S</u>   | <u>R 12 EW</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1 1/2 N 1/2 E Medicine Lodge</u>   |    |  |                |                 |                |
| 2 WATER WELL OWNER:  |    | Board of Agriculture, Division of Water Resources  |                |                 |                |
| RR#, St. Address, Box # : <u>P2 Springs 6106</u>   |    | Application Number:  |                |                 |                |
| City, State, ZIP Code <u>Medicine Lodge, KS 67104</u>  |    |  |                |                 |                |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |    | 4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION: <u>24</u> ft.  |                |                 |                |
|  |    | Depth(s) Groundwater Encountered <u>1</u> ft. 2. <u>24</u> ft. 3. <u>8-4-82</u> ft.  |                |                 |                |
|  |    | WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr   |                |                 |                |
|  |    | Pump test data: Well water was <u>5</u> gpm. Well water was <u>9</u> ft. after <u>35</u> hours pumping <u>35</u> gpm   |                |                 |                |
|  |    | Bore Hole Diameter <u>9</u> in. to <u>35</u> ft. and <u>35</u> in. to <u>35</u> ft.  |                |                 |                |
| WELL WATER TO BE USED AS:  |    | 5 Public water supply    8 Air conditioning    11 Injection well<br>1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)<br>2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well |                |                 |                |
| Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> . If yes, mo/day/yr sample was submitted  |    | Water Well Disinfected? <u>Yes</u> <u>No</u>   |                |                 |                |
| 5 TYPE OF BLANK CASING USED:   |    | CASING JOINTS: <u>Glued</u> <u>Clamped</u> <u>Welded</u> <u>Threaded</u>   |                |                 |                |
| 1 Steel    3 RMP (SR)<br>2 PVC    4 ABS  |    | 5 Wrought iron    8 Concrete tile<br>6 Asbestos-Cement    9 Other (specify below)  |                |                 |                |
| Blank casing diameter <u>5</u> in. to <u>30</u> ft. Dia. <u>18</u> in. to <u>1265</u> ft.  |    | Casing height above land surface <u>18</u> in., weight <u>1265</u> lbs./ft. Wall thickness or gauge No. <u>1265</u>  |                |                 |                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |    | 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)<br>2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS  |                |                 |                |
| SCREEN OR PERFORATION OPENINGS ARE:  |    | 5 Gauzed wrapped <del>8 Saw cut</del> 11 None (open hole)<br>1 Continuous slot    3 Mill slot    6 Wire wrapped    9 Drilled holes<br>2 Louvered shutter    4 Key punched    7 Torch cut    10 Other (specify)                                       |                |                 |                |
| SCREEN-PERFORATED INTERVALS:   |    | From <u>30</u> ft. to <u>35</u> ft. From <u>13</u> ft. to <u>35</u> ft.  |                |                 |                |
| GRAVEL PACK INTERVALS:   |    | From <u>13</u> ft. to <u>35</u> ft. From <u>13</u> ft. to <u>35</u> ft.  |                |                 |                |
| 6 GROUT MATERIAL:  |    | 1 Neat cement    2 Cement grout    3 Bentonite    4 Other  |                |                 |                |
| Grout Intervals: From <u>3</u> ft. to <u>13</u> ft. From <u>13</u> ft. to <u>35</u> ft.  |    | 10 Livestock pens    14 Abandoned water well<br>11 Fuel storage    15 Oil well/Gas well<br>12 Fertilizer storage    16 Other (specify below)   |                |                 |                |
| What is the nearest source of possible contamination:  |    | 1 Septic tank    4 Lateral lines    7 Pit privy<br>2 Sewer lines    5 Cess pool    8 Sewage lagoon<br>3 Watertight sewer lines    6 Seepage pit    9 Feedyard  |                |                 |                |
| Direction from well? <u>E</u>  |    | How many feet? <u>50</u>   |                |                 |                |
| FROM   | TO | LITHOLOGIC LOG   | FROM           | TO              | LITHOLOGIC LOG |
| 0  | 10 | Soil   |                |                 |                |
| 10   | 14 | Fine Sand  |                |                 |                |
| 14   | 24 | Clay   |                |                 |                |
| 24   | 30 | med Sand   |                |                 |                |
| 30   | 35 | Shale  |                |                 |                |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> <u>(2) reconstructed</u> , or <u>(3) plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>8-4-82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>140</u> This Water Well Record was completed on (mo/day/yr) <u>8-2-82</u> under the business name of <u>Lyman Bros</u> by (signature) <u>Richard Lyman</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.   |    |  |                |                 |                |

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