

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Barber	NC S2 1/4 SW 1/4 SE 1/4	24	T 31 S	R 12 E (w)

Distance and direction from nearest town or city street address of well if located within city?
 Approximately 2 1/2 miles north and 1/2 mile east of Medicine Lodge

2 WATER WELL OWNER: City of Medicine Lodge
 RR#, St. Address, Box # 114 W. 1st
 City, State, ZIP Code Medicine Lodge, KS 67104-1305
 Board of Agriculture, Division of Water Resources
 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 24 ft
		WELL'S STATIC WATER LEVEL 11.21 ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <i>Test Well?</i> 4 Industrial 8 Air Conditioning 12 Other <i>Supply Well</i>	
		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 <input checked="" type="checkbox"/> No _____	

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 5 in. Was casing pulled? Yes _____ No
 Casing height above or **below** land surface 36 in. If yes, how much Cut off _____

6 GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other **Bentonite Holeplug**

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From **24** ft. to **3** ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	None known
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
24	3	Bentonite Holeplug
3	0	Dirt

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-20-03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 2-26-03 under the business name of **Clarke Well & Equipment, Inc.**
 by (signature) *[Signature]*

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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.