

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

|   |  |                             |                                  |                                 |
|---|--|-----------------------------|----------------------------------|---------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Barber</u> | Fraction<br><u>SW<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub> SE<sup>1</sup>/<sub>4</sub></u> | Section Number<br><u>24</u> | Township Number<br>T <u>31</u> S | Range Number<br>R <u>12</u> E/W |
|---|--|-----------------------------|----------------------------------|---------------------------------|

Distance and direction from nearest town or city street address of well if located within city? 2 N Medicine Lodge, KS  
**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER:** City of Medicine Lodge, KS  
 RR#, St. Address, Box # : 114 W. 1st  
 City, State, ZIP Code : Medicine Lodge, KS 67104

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

N

|    |    |
|----|----|
| W  | E  |
| NW | NE |
| SW | SE |
| S  | S  |

X

**4 DEPTH OF COMPLETED WELL** ..... 32 ft.

Depth(s) Groundwater Encountered (1) 15' ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL..... 15' ft. below land surface measured on mo/day/yr. 3-7-10  
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm  
 Est. Yield...30 gpm: Well water was.....ft. after..... hours pumping..... gpm  
 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 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X.....; If yes, mo/day/yr  
 Sample was submitted..... Water well disinfected? Yes X No .....

**5 TYPE OF CASING USED:**

|              |            |                   |                         |  |
|--------------|------------|-------------------|-------------------------|--|
| 1 Steel      | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: Glued <u>X</u> Clamped..... |
| 2 <u>PVC</u> | 4 ABS      | 7 Fiberglass      |                         | Welded.....                                |
|              |            |                   |                         | Threaded.....                              |

Blank casing diameter ..... 8 in. to ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface..... 24 in., Weight ..... 160 lbs./ft. Wall thickness or guage No. ....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

|         |                    |                 |              |                    |                          |
|---------|--------------------|-----------------|--------------|--------------------|--------------------------|
| 1 Steel | 3 Stainless Steel  | 5 Fiberglass    | 7 <u>PVC</u> | 9 ABS              | 11 Other (Specify) ..... |
| 2 Brass | 4 Galvanized Steel | 6 Concrete tile | 8 RM (SR)    | 10 Asbestos-Cement | 12 None used (open hole) |

**SCREEN OR PERFORATION OPENINGS ARE:**

|                    |               |                  |             |                          |                     |
|--------------------|---------------|------------------|-------------|--------------------------|---------------------|
| 1 Continuous slot  | 3 Mill slot   | 5 Gauzed wrapped | 7 Torch cut | 9 Drilled holes          | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped   | 8 Saw cut   | 10 Other (specify) ..... |                     |

**SCREEN-PERFORATED INTERVALS:** From..... 15 ft. to ..... 32 ft., From ..... ft. to ..... ft.  
 From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From..... 12 ft. to ..... 32 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..... 0 ft. to ..... 12 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

|                          |                      |                 |                       |                         |                          |
|--------------------------|----------------------|-----------------|-----------------------|-------------------------|--------------------------|
| 1 Septic tank            | 4 Lateral lines      | 7 Pit privy     | 10 Livestock pens     | 13 Insecticide storage  | 16 Other (specify below) |
| 2 Sewer lines            | 5 Cess pool          | 8 Sewage lagoon | 11 Fuel storage       | 14 Abandoned water well |                          |
| 3 Watertight sewer lines | 6 <u>Seepage pit</u> | 9 Feedyard      | 12 Fertilizer storage | 15 Oil well/gas well    |                          |

Direction from well? ..... E ..... How many feet? ..... 800' .....

| FROM  | TO        | LITHOLOGIC LOG         | FROM | TO | PLUGGING INTERVALS |
|---|-----------|------------------------|------|----|--------------------|
| <u>0</u>  | <u>6</u>  | <u>Red Soil</u>        |      |    |                    |
| <u>6</u>  | <u>19</u> | <u>Dirty fine sand</u> |      |    |                    |
| <u>19</u>   | <u>32</u> | <u>Red shale</u>       |      |    |                    |
| <p><u>Drilled 4-8" wells</u><br/> <u>and 1-4" observation well</u><br/> <u>Talked to Richard Harper Mid August.</u></p> |           |                        |      |    |                    |

**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) ... 3-7-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 140.... This Water Well Record was completed on (mo/day/year) ..... 4-1-10..... under the business name of Lyman's Inc by (signature) Dean Lyman

**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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.