WATER WELL RECORD			Form WWC-5 Division of Water Resor		er Resources; App. No.		
1 LOCATION OF WA County:	rber	Fraction SW/4 SW/4 S	SE1/4	Section Number	Township Number T S	Range Number R E/W	
Distance and direction located within city?	- A / A/ / \	ity street address of w	ell if G	`	Systems (decimal degr		
located within city? 2 WATER WELL OWNER: City of Medicine Lodge, KS RR#, St. Address, Box #: 114 w, 154 City State 7 IB Code Datum:							
RR# St Address Box	NER: CITY W.	ist	المراجع	Elevation:		1.40	
City, State, ZIP Code	Medicin	I dage YS	JIM	Datum:	Mathadi		
City, State, ZIP Code : Medicine Lodge, KS 6 7104 Data Collection Method: 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL							
LOCATION							
WITH AN "X" IN							
SECTION BOX:	WELL'S STATIC WATER LEVEL						
	Est. Yield. 30 gpm: Well water was						
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
W E 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							
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs							
Sample was submitted							
S							
5 TYPE OF CASING U					G JOINTS: Glued		
2 PVC 4 ABS	7 Fiberglas	84	r (specify b		Threaded		
Blank casing diameter	in. to	ft., Diameter	inنو.ر	. to ft.	, Diameter i	n. toft.	
Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface ft., Diameter in., Weight lbs./ft. Wall thickness or guage No.							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)							
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)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 3 0 Other (specify)							
From. ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 12 ft. to 32 ft., From ft. to ft.							
GRAVEL PACK INTERVALS: From							
From							
6 GROUT MATERIAL	: 1 Neat cement 2	Cement grout 3 Be	ntonite 4	1 Other			
Grout Intervals: From							
1 Septic tank	4 Lateral lines		10 Livestoo	ck pens 13 In	secticide storage 1	6 Other (specify	
2 Sewer lines	5 Cess pool	· ·	1 Fuel sto		bandoned water well	below)	
3 Watertight sewer	lines 6 Seepage pit	-	2 Fertilize				
Direction from well?	LITHOLOGI		How many			DVALC	
FROM TO	LITHOLOGIC	L LUG	FROM	ТО	PLUGGING INTE	RVALS	
6 79 11	liste fire	Sand					
19 32 R	ed Shele						
	711,1 4-	- 8" 1117	0/1				
	rilla /						
and 1-4 observation Well							
		ik de l	1.	111	MIL ALL		
7 CONTRACTOR'S OF	I ANDOWNED'S C	EDTIFICATION, T	IChar	a starger	MILA HUgus		
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)							
Kansas Water Well Contra	actor's License No	This Water	Well Reco	ord was completed	l on (mo/day/year)	1-1-16	
under the business name of							
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.							
mup.//www.kuncks.gov/waterwe	ii/ muca.num.						