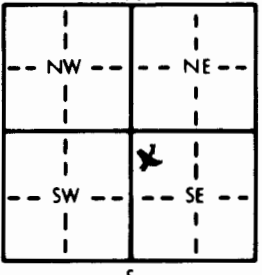


1 LOCATION OF WATER WELL: County: **Barber** Fraction **SW 1/4 NW 1/4 SE 1/4** Section Number **24** Township Number **T 31 S** Range Number **R 12 E**

Distance and direction from nearest town or city street address of well if located within city?
3 1/2 N 1/2 E Medicine Lodge # 3

2 WATER WELL OWNER: **City of Medicine Lodge**
 RR#, St. Address, Box #: **Medicine Lodge, Ks. 67104**
 City, State, ZIP Code: _____
 Board of Agriculture, Division of Water Resources
 Application Number: **34285**

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

 4 DEPTH OF COMPLETED WELL: **35** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **7** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **7** ft. below land surface measured on **mo/day/yr 2-4-90**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **150** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **12** in. to **35** ft., and _____ in. to _____ ft.
 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 submitted _____
 Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter **8** in. to **17** ft., Dia **fr 24** in. to **35** ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight _____ lbs./ft. Wall thickness or gauge No. **.332**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **17** ft. to **24** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **16** ft. to **35** 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 **16** 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage **2675**
 Direction from well? **S** How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	soil			
4	26	med to coarse sand			
26	28	dirty sand			
28	35	shale			
Well not grouted to 20 ft as that is where the water is.					

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) **2-4-90** 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/yr) **2-16-90** under the business name of **Lyman Inc.** by (signature) *Lyman Inc.*

OFFICE USE ONLY
T
R
SEC.
1/4
1/4
1/4