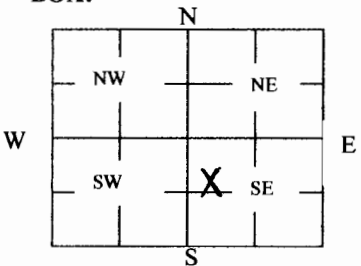


1 LOCATION OF WATER WELL: County: Barber	Fraction SE ¼ SW ¼ NW ¼ SE ¼	Section Number 24	Township Number T 31 S	Range Number 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 3 miles North of Medicine Lodge, Ks.	Global Positioning Systems (GPS) information: Latitude: 37.33030333 (in decimal degrees) Longitude: -98.5754292 (in decimal degrees) Elevation: 1530 ft. Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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2 WATER WELL OWNER: City of Medicine Lodge RR#, St. Address, Box #: 114 W. First Avenue City, State ZIP Code: Medicine Lodge, Ks. 67104	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF WELL 41 ft. WATER WELL 6A/#16 WELL'S STATIC WATER LEVEL 6 ft WELL WAS USED AS: <input type="checkbox"/> Domestic Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED:

Steel PVC RMP (SR) ABS Wrought Asbestos-Cement Fiberglass Concrete Tile Other (Specify below) _____

Blank casing diameter 8 in. Was casing pulled? Yes No If yes, how much _____

Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 4 ft. to 41 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input checked="" type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	Creek
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? East
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? 50

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	Topsoil			
4	41	Cement grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/6/2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138. This Water Well Record was completed on (mo/day/year) 9/13/2017 under the business name of Peterson Irrigation, Inc. by (signature) *Michael Peterson*

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.