

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: BARBER	NW¹/₄NW¹/₄NE¹/₄	27	31	13W

Distance and direction from nearest town or city street address of well if located within city?
8 1/2 MI. WNW of Medicine Lodge, KS

2 WATER WELL OWNER: **Errol L. Parr, Barbara Schulte, Stephen A. Parr, Katherine K. Dood**

RR#, St. Address, Box #: **3210 W. Golf Course** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Midland, TX 79701** Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL..... 35ft. WELL'S STATIC WATER LEVEL..... 7ft. WELL WAS USED AS: <input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial <input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Lawn and Garden Only <input type="radio"/> 8 Air Conditioning <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other.....
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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	7 Fiberglass	<input checked="" type="radio"/> 9 Other (specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	Hand Dug Well - Brick Lined.

Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much.....
 Casing height above or below land surface.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From **6** ft. to **4 1/2** ft., From.....ft. to.....ft., From..... to.....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
4 Lateral lines	9 Feedyard	14 Abandoned water well
5 Cess Pool	<input checked="" type="radio"/> 10 Livestock pens	15 Oil well/Gas well

Direction from well? **NE**..... How many feet? **150'**.....

FROM	TO	PLUGGING MATERIALS
35'	27'	Sand
27'	6'	Subsoil
6'	4 1/2'	Bentonite
4 1/2'	0	Topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **6-4-97**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of by (signature) **Errol L. Parr**.....

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.