1 LOCATION OF WATER WELL: 
County: Barber 
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner’s address, check here □ 
5' E Medicine Lodge, KS

2 WATER WELL OWNER: 
RR 6, St. Address, Box #: 3906 SE Hwy 160 
City, State ZIP Code: Medicine Lodge, KS 67104

3 MARK WELL’S LOCATION WITH AN “X” IN SECTION BOX: 

4 DEPTH OF WELL 60 ft. 
WELL’S STATIC WATER LEVEL 17 ft 
WELL WAS USED AS: 
Domestic □ Irrigation □ Public Water Supply □ Dewatering 
Irrigation □ Feedlot □ Oil Field Water Supply □ Monitoring 
Industrial □ Domestic (Lawn & Garden) □ Injection Well □ Other 
Was a chemical/bacteriological sample submitted to Department? Yes □ No □

5 TYPE OF BLANK CASING USED: 
□ Steel □ Wrought □ Fiberglass □ Other (Specify below) 
□ PVC □ Asbestos-Cement □ Concrete Tile □ Other (Specify below) 
Blank casing diameter 16 in. Was casing pulled? Yes □ No □ 
Casing height above or below land surface 56 in.

6 GROUT PLUG MATERIAL: 
□ Neat cement □ Cement grout □ Bentonite □ Other 
Grout Plug Intervals: From 3 ft. to 10 ft., From ______ ft. to ______ ft., From ______ ft. to ______ ft.

What is the nearest source of possible contamination: 
□ Septic tank □ Seepage pit □ Fuel storage □ Other (specify below) 
□ Sewer lines □ Pit privy □ Fertilizer storage □ Direction from well? 41 
□ Watertight sewer lines □ Sewage lagoon □ Insecticide storage □ How many feet? 1320 
□ Lateral lines □ Feedyard □ Abandoned water well □ Other (specify below) 
□ Cess pool □ Livestock pens □ Oil well/Gas well

FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS

-3 10 Bentonite -6 60 Sand

This well was gruntged 20’ when drilled

7 CONTRACTOR’S OR LANDOWNER’S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-16-24 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) 4-15-24 under the business name of Lyman’s Inc. by (signature) ___.

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.


KSA82a-1212 Revised 1/20/2015