

<b>1 LOCATION OF WATER WELL:</b> County: <u>Barber</u>	Fraction <u>SE 1/4 SW 1/4 S 16 1/4</u>	Section Number <u>12</u>	Township Number <u>T 32 S</u>	Range Number <u>11</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	---	-----------------------------	----------------------------------	--

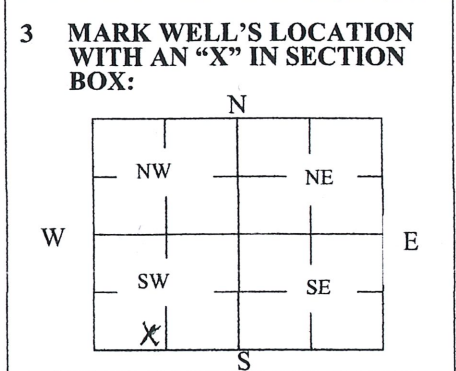
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

5E Medicine Lodge, KS

**Global Positioning Systems (GPS) information:**  
 Latitude: \_\_\_\_\_ (in decimal degrees)  
 Longitude: \_\_\_\_\_ (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Horizontal Datum:  WGS84,  NAD83,  NAD27  
 Collection Method: \_\_\_\_\_

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

GPS unit (Make/Model: \_\_\_\_\_)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m



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

**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 16 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 36 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:

<input checked="" type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<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	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? N  
 How many feet? 1320

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>3</u>	<u>10</u>	<u>Bentonite</u>			
<u>10</u>	<u>60</u>	<u>Sand</u>			

This well was granted to 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) [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.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.