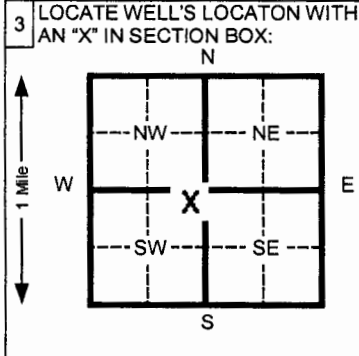


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Barber</b>	<b>SE ¼ SE ¼ NW ¼</b>	<b>12</b>	T <b>32</b> S	R <b>12</b> <b>W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**197 ft. E., 14 ft. N. of NE corner of Main Street and Fowler Street (South of Memorial)**

2 WATER WELL OWNER:	<b>Jerry Bryan</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # :	<b>PO Box 149</b>	Application Number:
City, State, ZIP Code :	<b>Medicine Lodge, KS 67104</b>	



4 DEPTH OF COMPLETED WELL	<b>14.5</b> ft.	ELEVATION:	
Depth(s) Groundwater Encountered	1 <b>7</b> ft.	2 _____ ft.	3 _____ ft.
WELL'S STATIC WATER LEVEL	_____ ft. below land surface measured on mo/day/yr		
Pump test data:	Well water was _____ ft. after _____ hours pumping _____ gpm		
Est. Yield _____ gpm:	Well water was _____ ft. after _____ hours pumping _____ gpm		
Bore Hole Diameter	<b>8.5</b> in. to <b>14.5</b> in.	ft. and _____ in. to _____ ft.	
WELL WATER TO BE USED AS:	5 Public water supply	8 Air conditioning	11 Injection well
	1 Domestic	3 Feed lot	6 Oil field water supply
	2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
			<b>10 Monitoring well</b>
12 Other (Specify below)			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b>	If yes, mo/day/yr sample was submitted _____		
Water Well Disinfected? Yes _____ No <b>X</b>			

5 TYPE OF BLANK CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<b>2 PVC</b>	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter	<b>2</b> in. to <b>14.5</b> ft., Dia	in. to _____ ft., Dia	in. to _____ ft.
Casing height above land surface	<b>Flush</b> in., weight <b>0.703</b> lbs./ft.	Wall thickness or gauge No. <b>Sch. 40</b>	
TYPE OF SCREEN OR PERFORATION MATERIAL:	<b>7 PVC</b>	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	<b>3 Mill slot</b>	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____

SCREEN-PERFORATED INTERVALS:	From <b>4.5</b> ft. to <b>14.5</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:	From <b>3</b> ft. to <b>14.5</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	4 Other _____
Grout Intervals	From <b>0.5</b> ft. to <b>3</b> 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
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
Direction from well?	How many feet? _____			

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>14.5</b>		<b>Silty sandy clay</b>			

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 SEP 17 2004  
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>6-8-04</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>7-7-04</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>Allen M. [Signature]</i>
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.