WATER WELL R	ECORD Form	WWC-5	Divis	sion of Water				
Original Record	Correction	ge in Well Use		irces App. No.		Well ID		
1 LOCATION OF W.		Fraction	Sect	ion Number	Township Numb			
County: Barbar 1/4/Vay SE			4 <i>S</i> <sub>2</sub> 3 т 32s R / 2 П E X W					
A WELL OWNED. I.	-4 N	First:	Street or Rura	al Address wh	ere well is located	(if unknown, distance and		
Business: Clouse Address: Address: Address: City: Madicing Lodge State: K5 ZIP: 67104  Business: Last Name:  Mov W  direction from nearest town or intersection): If at owner's address, check here:    1								
Address: 227 NW Rentlinger City: Madicine Lodge, KS ZIP: 67104 / 2 W. Medicine Lodge, KS								
Address: 1227	Na Hear	E I MINI	11/2	w. M	Wiring !	rodge, KS		
City: Medicin	- Lodge State: K.	5 ZP: 6/104	•		-00.2.			
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 6 ft 5 Latitude: (decimal degradation)								
WITH "X" IN	Denth(s) Groundwater	r Encountered: 1)	Ø ft.	Longitude:(decimal degrees)				
SECTION BOX:		3) ft., or 4)						
N	WELL'S STATIC W	ATED I EVEL:	4. / A	fr C C T -tit-1-17 it-1-1				
	below land surface, measured on (mo-day-y				GPS (unit make/model:)			
NW NE	e, measured on (mo-day-	yr)	(WAAS enabled?  Yes No)					
Pump test data: Well water was								
W E				m Online Mapper:				
	Well water was ft.							
SW SE		rs pumping	gpm	( TEI		П С		
	Estimated Yield:	gpm				. Ground Level TOC		
S	Bore Hole Diameter:	20 in. to	ft. and			GPS  Topographic Map		
mile		in. to	ft.		] Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:		Vater Supply: well ID				ease		
☐ Household		ing: how many wells?			e: well ID			
🔀 Lawn & Garden		Recharge: well ID			Uncased 🗆			
Livestock		ing: well ID			nal: how many bores			
2.  Irrigation		ntal Remediation: well II			d Loop  Horizon			
3. ☐ Feedlot	☐ Air Spar		Extraction			scharge		
4. Industrial Recovery Injection 13. Other (specify):								
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:								
Water well disinfected? Wyos DNo								
8 TYPE OF CASING USED: ☐ Steel M PVC ☐ Other								
Casing diameter								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter fin. to fin. to fin. to fin. to fin. Weight Joint Wall thickness or gauge No.								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)								
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PAG	CK INTERVALS: Fro	om 2. 2 ft. to Ca	/. ft., From	ft. to	ft., From	ft. to ft.		
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to ft., From ft. to ft.								
Grout Intervals: From								
Nearest source of possible contamination:								
Septic Tank	☐ Lateral Li			Livestock Pens		cide Storage		
Sewer Lines	Cess Pool			Fuel Storage		oned Water Well		
☐ Watertight Sewer Lin	nes	it		Fertilizer Storag	ge 🔲 Oil We	ell/Gas Well		
Other (Specify)		Distance from w		100	ft			
						r PLUGGING INTERVALS		
10 FROM TO	0	OGIC LOG	FROM	TO LI	1110. LOG (cont.) 0	I I LUUUINU IN IEK VALS		
0 0	5971 01	e . 1						
6, 28		ay	-					
28 42	Brown C	Jay 1						
42 50	Irant t	Broken Clay				TE DE		
5/ 53	1. Fine	Sand 1	Mad h	SENDON NO BUT TO SERVICE STATES	and the set with the			
53 60	Med Sa.	of a						
60 63		ind	Notes:					
163 65 Med Dark Brown Sand								
GE 167 Ked Thale								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) . 1								
don mary inmindiation of	ad woo completed on	(ma day year) 77/	1-24 and	this record is t	rue to the hest of n	ny knowledge and helief.		
Kansas Water Well Contractor's License No. 39.1 This Water Well Record was completed on (mo-day-year) when the business name of Signature Signatur								
under the business nam	e of	and another to de little	naga Danartan	of Health and E	vironment Dorson of W	Vater GWTS Section		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.								
			KSA 82a-12	ter and retain one	ioi your records. Telep	Revised 7/10/2015		
Visit us at http://www.kdheks				1.7.				