

1 LOCATION OF WATER WELL: County: Barber Fraction: C 1/4 NE 1/4 NW 1/4 Section Number: 11 Township Number: T 32 S Range Number: R 12W EW

Distance and direction from nearest town or city street address of well if located within city?

West Edge of Medicine Lodge, Kansas

2 WATER WELL OWNER: Frank Theran Graves Drilling Theran No. 3 RR#, St. Address, Box #: Medicine Lodge, Ks. 910 Union Center Board of Agriculture, Division of Water Resources City, State, ZIP Code: 67104 Wichita, Ks. 67202 Application Number: Unknown

3 LOCATE WELL'S LOCATION WITH AN 'X' IN SECTION BOX: [Diagram showing a 36-section grid with 'X' in the NW section] 4 DEPTH OF COMPLETED WELL: 28 ft. ELEVATION: Unknown WELL'S STATIC WATER LEVEL: 3 ft. below land surface measured on 11/28/84

5 TYPE OF BLANK CASING USED: 1 Steel, 2 PVC, 3 RMP (SR), 4 ABS, 5 Wrought iron, 6 Asbestos-Cement, 7 Fiberglass, 8 Concrete tile, 9 Other, 10 Asbestos-cement, 11 Injection well, 12 Other. Blank casing diameter: 5 in. to 10 ft., Dia. Casing height above land surface: 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40

6 GROUT MATERIAL: 1 Neat cement, 2 Cement grout, 3 Bentonite, 4 Other. Grout Intervals: From 0 ft. to 10 ft. What is the nearest source of possible contamination: 1 Septic tank, 2 Sewer lines, 3 Watertight sewer lines, 4 Lateral lines, 5 Cess pool, 6 Seepage pit, 7 Pit privy, 8 Sewage lagoon, 9 Feedyard, 10 Livestock pens, 11 Fuel storage, 12 Fertilizer storage, 13 Insecticide storage, 14 Abandoned water well, 15 Oil well/Gas well, 16 Other. Direction from well? South How many feet? 60

LITHOLOGIC LOG table with columns FROM, TO, and LITHOLOGIC LOG. Rows show 0-5 Clay, 5-19 Sand and Gravel, and 19-28 Red Rock.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 11/28/84 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 12/31/84 under the business name of Kellys Water Well Service by (signature)

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E W SEC.