

1 LOCATION OF WATER WELL County: <b>Barber</b>	Fraction <b>SW 1/4 NW 1/4 SW 1/4</b>	Section Number <b>12</b>	Township Number <b>T 32 S</b>	Range Number <b>R 12W E/W</b>
Distance and direction from nearest town or city? <b>1/2 S Medicine Lodge, Ks.</b>		Street address of well if located within city?		
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code		<b>Graves Drig Co Inc</b> <b>910 Union Ctr</b> <b>Wichita, Ks. 67202</b> Board of Agriculture, Division of Water Resources Application Number: <b>unknown</b>		
3 DEPTH OF COMPLETED WELL: <b>40</b> ft. Bore Hole Diameter: <b>8</b> in. to <b>40</b> ft. and ..... in. to ..... ft.				
Well Water to be used as:				
1 Domestic 3 Feedlot		5 Public water supply		8 Air conditioning
2 Irrigation 4 Industrial		6 Oil field water supply		9 Dewatering
		7 Lawn and garden only		10 Observation well
Well's static water level: <b>7</b> ft. below land surface measured on <b>4</b> month <b>3</b> day <b>80</b> year				
Pump Test Data				
Est. Yield <b>20</b> gpm:		Well water was ..... ft. after ..... hours pumping ..... gpm		
4 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR)		5 Wrought iron		8 Concrete tile
2 PVC 4 ABS		6 Asbestos-Cement		9 Other (specify below)
		7 Fiberglass		Casing Joints: <b>Glued</b> ..... Clamped ..... Welded ..... Threaded .....
Blank casing dia: <b>5</b> in. to <b>12</b> in. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.				
Casing height above land surface: <b>12</b> in., weight <b>2.8</b> lbs./ft. Wall thickness or gauge No <b>sch 40</b>				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel 3 Stainless steel		5 Fiberglass		7 PVC
2 Brass 4 Galvanized steel		6 Concrete tile		8 RMP (SR)
				9 ABS
				10 Asbestos-cement
				11 Other (specify) .....
				12 None used (open hole)
Screen or Perforation Openings Are:				
1 Continuous slot 3 Mill slot		5 Gauzed wrapped		8 Saw cut
2 Louvered shutter 4 Key punched		6 Wire wrapped		9 Drilled holes
		7 Torch cut		10 Other (specify) .....
Screen-Perforation Dia: <b>5</b> in. to ..... ft. Dia ..... in. to ..... ft.				
Screen-Perforated Intervals: From <b>12</b> ft. to <b>40</b> ft. From ..... ft. to ..... ft.				
Gravel Pack Intervals: From <b>10</b> ft. to <b>40</b> ft. From ..... ft. to ..... ft.				
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....				
Grouted Intervals: From <b>0</b> ft. to <b>10</b> ft. From ..... ft. to ..... ft.				
What is the nearest source of possible contamination:				
1 Septic tank 4 Cess pool		7 Sewage lagoon		10 Fuel storage
2 Sewer lines 5 Seepage pit		8 Feed yard		11 Fertilizer storage
3 Lateral lines 6 Pit privy		9 Livestock pens		12 Insecticide storage
				13 Watertight sewer lines
				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below)
Direction from well: <b>se</b> How many feet: <b>80</b> ? Water Well Disinfected? Yes <b>No</b>				
Was a chemical/bacteriological sample submitted to Department? Yes <b>No</b> If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes <b>No</b>				
If Yes: Pump Manufacturer's name ..... Model No. ....HP .....Volts .....				
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.				
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other				
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>4</b> month <b>3</b> day <b>80</b> year				
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>186</b>				
This Water Well Record was completed on <b>4</b> month <b>25</b> day <b>80</b> year under the business name of <b>Kellys Waterwell Serv</b> by (signature) <i>Kelly Price</i>				
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		
		FROM TO LITHOLOGIC LOG		
		0 6 Top Soil		
		6 20 Sand		
20 40 Shale				
ELEVATION: <b>Unknown</b>				
Depth(s) Groundwater Encountered <b>1.7</b> ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)				
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.				

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