

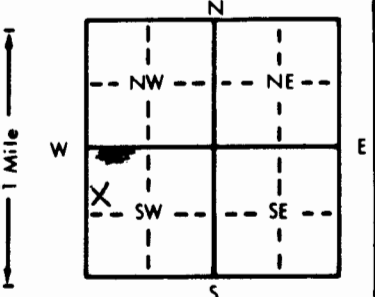
1 LOCATION OF WATER WELL: County: **Barber** Fraction: **SW 1/4 NW 1/4 SW 1/4** Section Number: **12** Township Number: **T 32 S** Range Number: **R 12 E** **(W)**

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

1/2 S of Medicine Lodge

2 WATER WELL OWNER: **Bill Bailey** RR#, St. Address, Box #: **Medicine Lodge, Kan. 67104** Board of Agriculture, Division of Water Resources Application Number: _____
City, State, ZIP Code: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **50** ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1. **30** ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL: **4** ft. below land surface measured on mo/day/yr **4-13-88**
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield: **15** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter: **9** in. to **50** ft., and _____ in. to _____ ft.
WELL WATER TO BE USED AS:
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes _____ No _____

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 (specify below) CASING JOINTS: Glued Clamped Welded Threaded

Blank casing diameter: **5** in. to **40** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface: **15** in., weight _____ lbs./ft. Wall thickness or gauge No. **240**

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **40** ft. to **50** ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **13** ft. to **50** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From **3** ft. to **13** ft., From _____ ft. to _____ ft., From _____ ft. to _____ 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 (specify below)

Direction from well? **SE** How many feet? **140**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	soil			
2	30	clay			
30	50	clean med sand			
<p><i>We were only able to grout 10' because of static</i></p>					

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) ~~XXXX~~ **4-13-88** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **140** This Water Well Record was completed on (mo/day/yr) **4-14-88** under the business name of **Lyman Inc.** by (signature) *Clay Lyman*

OFFICE USE ONLY T R E W SEC.