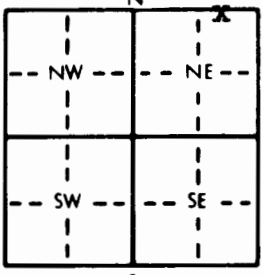


1 LOCATION OF WATER WELL: County: Barber Fraction: NW 1/4 NE 1/4 NE 1/4 Section Number: 24 Township Number: T 32 S Range Number: R 12 E/W

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

1 S 1/2 E Medicine Lodge

2 WATER WELL OWNER: Bill Waller RR#, St. Address, Box #: R 1 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Medicine Lodge, Kas. 67104 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 32 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 8 ft. below land surface measured on mo/day/yr 9-14-90
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 10 gpm Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9 in. to 32 in. and _____ in. to _____ in. ft.
 WELL WATER TO BE USED AS:
 1 Domestic _____ 3 Feedlot _____ 6 Oil field water supply _____ 9 Dewatering _____ 12 Other (Specify below) _____
 2 Irrigation _____ 4 Industrial _____ 7 Lawn and garden only _____ 10 Monitoring well _____
 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 _____ 3 RMP (SR) _____ 5 Wrought iron _____ 8 Concrete tile _____ CASING JOINTS: Glued _____ Clamped _____
 2 PVC _____ 4 ABS _____ 6 Asbestos-Cement _____ 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter: 5 in. to 15 in. Dia _____ in. to _____ in. Dia _____ in. to _____ in. Dia _____ in. to _____ in. Dia _____
 Casing height above land surface: 16 in. weight _____ lbs./ft. Wall thickness or gauge No. .210
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel _____ 3 Stainless steel _____ 5 Fiberglass _____ 7 PVC _____ 10 Asbestos-cement _____
 2 Brass _____ 4 Galvanized steel _____ 6 Concrete tile _____ 8 RMP (SR) _____ 11 Other (specify) _____
 9 ABS _____ 12 None used (open hole) _____

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot _____ 3 Mill slot _____ 5 Gauzed wrapped _____ 8 Saw cut _____ 11 None (open hole) _____
 2 Louvered shutter _____ 4 Key punched _____ 6 Wire wrapped _____ 9 Drilled holes _____
 7 Torch cut _____ 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 15 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 15 ft. to 32 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 15 ft. From _____ ft. to _____ 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____
 13 Insecticide storage 100
 Direction from well? E How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	sandy soil			
2	9	dirty sand			
9	12	mud			
12	20	clean sand			
20	25	gray sand			
25	32	shale			

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) 9-14-90 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) 10-1-90 under the business name of Lyman Inc. by (signature) Richard Lyman

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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E W SEC