

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Barber	SE 1/4 SW 1/4 SE 1/4	20	T 33 S	R 11 E/W

Distance and direction from nearest town or city street address of well if located within city?  
Approximately 8 1/2 miles south and 1 3/4 miles east of Medicine Lodge

2 WATER WELL OWNER: Kansas Corporation Commission  
 RR#, St. Address, Box #: 302 West McArtor Road Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Dodge City, KS 67801 Application Number:

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

4 DEPTH OF COMPLETED WELL: 38.5 ft. ELEVATION: unknown

Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL: 5 ft. below land surface measured on mo/day/yr 10-15-99

Pump test data: Well water was not ch'd ft. after ..... hours pumping ..... gpm

Est. Yield unknown gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter: 12 in. to 40 ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

Recovery Well

Was a chemical/bacteriological sample submitted to Department? Yes.....No...X.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued...X...Clamped.....
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded.....
		7 Fiberglass		Threaded.....

Blank casing diameter: 6 in. to 27 ft., Dia. 6 in. to 37.5 ft., Dia. .... in. to .... ft.

Casing height above land surface: 12 in., weight 3.32 lbs./ft. Wall thickness or gauge No. 255

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 <u>Stainless steel</u>	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 27 ft. to 34.5 ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 24 ft. to 40 ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement compacted topsoil 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug

Grout Intervals: From 0 ft. to 4 ft., From ..... ft. to ..... ft., From 4 ft. to 24 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	<u>None known</u>

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	15	Sand, fine			
15	16	Clay streak			
16	20	Sand and gravel			
20	25	Clay			
25	34	Sand and gravel			
34	40	Shale, red			

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) 10-15-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/yr) 10-21-99 under the business name of Clarke Well & Equipment, Inc. by (signature) *Clarke Well & Equipment, Inc.*

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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.