WATER WELL RECORD Form WWC-5 ☑ Original Record ☐ Correction ☐ Change in Well Use					Division of Water Resources App. No.			Well ID	
	OCATION OF WATER WELL: Fraction				ction Number	Township Numb			
County	County: Barber 1/58 1/4 SE 1/4					5	T 35 S	R / ſ □ E X W	
2 WELL OWNER: Last Name: Business: Address: Address: Address: Address: City: Medicine Lodge State: K5 ZIP: 67104 Street or Rural Address where well is located (if unknown, distance direction from nearest town or intersection): If at owner's address, check he was to of Kiowa on Hwy 2 No.								r's address, check here:	
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL. 65 ft 5 Lettrido:									
WITH " SECTIONNW WSW	ON BOX: NE SE SE	Depth(s) Gr 2) WELL'S ST below la above la Pump test da after	oundwater ft. ft. ft. ft. faTIC WA' and surface, and surface, ata: Well whours Well vhours	Encountered: 1)	ft. Dry Well ft. gr) J-/o- gpm t. gpm	Longite Datum: Source f GPS Lan Onl	Longitude:		
t '	S Bore Hole Diameter:				π. and ft.	Other			
7 WELL V 1. Domestic: M Housel Lawn & Livesto 2. Irrigati 3. Feedlo	WELL WATER TO BE USED AS: Domestic: 5. ☐ Public Water Supply: well ID					10.	10. ☐ Oil Field Water Supply: lease		
4. Industrial Recovery Injection 13. Other (specify):									
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes No If yes, date sample was submitted:									
8 TYPE OF CASING USED: Steel N PVC Other									
Casing height above land surface									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Direction from well?									
10 FROM	TO	_	ITHOLOG		FROM	TO L	ITHO. LOG (cont.) or	PLUGGING INTERVALS	
5	5		TOP-	SAND Silty					
15	30	Fixe		SANd					
30	40	COAT:	se Ti	an SAND /C.	lay				
40	65	Red	Clay	•	ļ '			4,	
					Notes:			91	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)									
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee \$65.00 for electrostructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012									