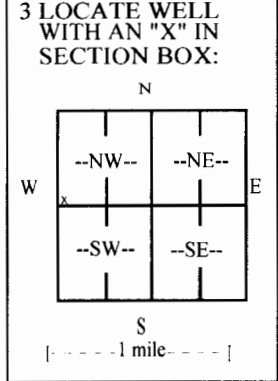


1 LOCATION OF WATER WELL: County: Stafford	Fraction 1/4 SW 1/4 SW 1/4 NW 1/4	Section Number 11	Township No. T 22 S	Range Number R 13 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 1.5 miles south and 4 miles east of Seward.		Global Positioning System (GPS) information: Latitude: 38.152378 (in decimal degrees) Longitude: -98.729391 (in decimal degrees) Elevation: Unknown Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Betty Hullman RR#, Street Address, Box #: 1350 NE 10th Ave. City, State, ZIP Code : St. John, KS 67576				



4 DEPTH OF COMPLETED WELL **100** ft.

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

WELL'S STATIC WATER LEVEL **27.70** ft. below land surface measured on mo/day/yr **11/24/14**

Pump test data: Well water was **not checked** ft. after _____ hours pumping _____ gpm

EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **9** in. to **100** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below) **Stock**
 Irrigation Industrial Domestic-lawn & garden 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 CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded Other (Specify) _____

Casing diameter **5** in. to **77** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **36** in., Weight **2.36** lbs./ft., Wall thickness or gauge No. **214**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify) _____
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **77** ft. to **97** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **24** ft. to **97** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **0** ft. to **24** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) _____
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well **None Known**

Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Topsoil	45	57	Sand, gravel, fine to medium
2	4	Clay, brown	57	59	Clay, white, gray
4	6	Clay, gray	59	60	Clay, white, sand streaks
6	8	Sand, fine	60	65	Sand, gravel, fine to medium
8	12	Clay, gray	65	67	Sand, gravel, fine to coarse
12	21	Clay, brown, soft	67	71	Clay, yellow, white
21	31	Sand, fine	71	80	Sand, gravel, fine to medium
31	36	Clay, brown, sandy	80	90	Sand, gravel, fine to coarse
36	39	Clay, brown, white, caliche	90	100	Sand, gravel, fine to medium
39	45	Sand, fine			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **11/24/14** 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/year) **11/26/14**
 under the business name of **Clarke Well & Equipment, Inc.** by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.