485 13183	DECODD	Form W	WC-5	D:	vision of Wata	r Dasouraas Ann No	35,128
WATER WEL	LIECOND		W C-3			r Resources App. No. Township No.	Range Number
	F WATER WELL: Stafford	Fraction 1/4 SW 1/4 SW	/ 14 NW 14				R 13 □E 🛛 W
County:				Globa		System (GPS) info	rmation:
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here							
Approximately 10.50 miles north and 2 miles east of St. John.				Latitude: 38.153189 (in decimal degrees) Longitude: -98.729468 (in decimal degrees) Elevation: Unknown Datum: UWGS 84 MANA 83 UNAD 27			
Approximately 10.50 filles north and 2 filles east of St. 30fil.				Longi	Elevation: Unknown		
				Datum	Datum: WGS 84, NAD 83, NAD 27		
2 WATER WELL OWNER: Betty Hullman				Callag	tion Mathadi	-	
RR#, Street Address, Box #: 1350 NE 10 Ave.				GPS unit (Make/Model: WAAS Digital Map/Photo, Topographic Map, Land Survey			
City, State, ZIP Code : St. John, KS 67576				Est. Accuracy: < 3 m, 3-5 m, 5-15 m, >15 m			
A LOCA MENUTE I							
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 121 ft.							
SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft.							
SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 18.80 ft. below land surface measured on mo/day/yr 01/20/15							
Pump test data: Well water was not checked ft. after hours pumping gpm							
EST. YIELD gpm. Well water was ft. after hours pumping gpm							
w x 1 1 F Bore Hole Diameter 24 in. to 121 ft., and in. to ft.							
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well							
SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)							
│							
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No							
S If yes, mo/day/yr sample was submitted							
Water well disinfected? Yes □ No							
5 TYPE OF CASING USED: Steel PVC Other							
CASING IOINTS. M. Glund D. Clamped D. Walded D. Threaded D. Other (Specify)							
Casing diameter 16 in. to 60 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12 in., Weight 19.75 lbs./ft., Wall thickness or gauge No616							
Casing height above land surface 12 in., Weight 19.75 lbs./ft., Wall thickness or gauge No							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ Steel ☐ Stainless Steel ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)							
Brass	DEODATION OPENING	S ADE:	oic)				
SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)							
Continuous stot Mill stot Gauze wrapped Totel cut Difficult of Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 60 ft. to ft. From ft. to ft.							
SCREEN-PERFORATED INTERVALS: From 60 ft. to 120 ft., From ft. to ft.							
From ft. to ft., From ft. to GRAVEL PACK INTERVALS: From 22 ft. to 121 ft., From ft. to							to ft.
GRAVE	L PACK INTERVALS:	From	ft. to	<u> </u>	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 2 ft. to 22 ft., From ft. to ft., From ft. to ft.							
What is the nearest source of possible contamination:							
Septic tank Lateral lines Pit privy Sewer lines Cesspool Sewage lagoon Livestock pens Insecticide storage Abandoned water well None Known							
			Fertilizer s		Oil well/ga		None Known
Direction from well Distance from well							
FROM TO	LITHOLOG	IC LOG	FROM	TO	LITHO. L	OG (cont.) or PLU	GGING INTERVALS
0 2	Topsoil		80	90		vel, fine to coar	
2 21	Sandy clay, brown an	d gray	90	105	Sand, gra	ivel, fine to med	um
21 31	Sand, fine		105	107	Clay, tan		
31 39	Sandy clay, brown, ca	aliche streaks	107	121	Sand, fine	e to coarse, grav	el, fine to medium
39 57	Sand, fine, gravel						
57 60	Clay, white, gray						
60 65	Sand & gravel, fine to						
65 67	Sand & gravel, fine to	coarse, clay, tan					
67 71	Clay, yellow, white						
71 80 Sand, gravel, fine to medium							
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) 01/20/15 and this record is true to the best of my knowledge and belief.							
and of my jurisdiction and was completed on (more any) = = = = = = =							
Kansas water well Contractor's License No.							
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							
I (white blue pink) to	Kansas Department of Health	i and Environment, Bureau	of Water, Geo	logy Sect	ion. 1000 SW J	ackson St., Suite 420,	Topeka, Kansas 66612-1367.
(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.							
KSA 82a-1212							