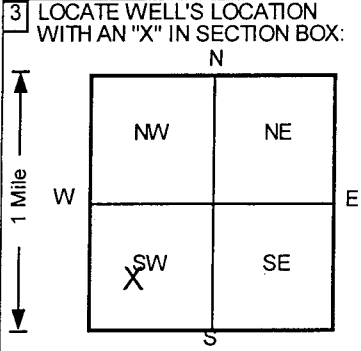


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stafford	NE ¼ SW ¼ SW ¼	33	T 23 S	R 13 EW

Distance and direction from nearest town or city street address of well if located within city?
113 W. 4th Street, St. John, Kansas

2 WATER WELL OWNER: **Jim's Amoco**
 RR#, St. Address, Box # : **113 West 4th Street**
 City, State, ZIP Code : **St. John, Kansas 67576**

Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL **40** ft. ELEVATION: **1907.5**

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

WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr

Pump test data: Well water was **NA** ft. after hours pumping gpm

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

Bore Hole Diameter **8** 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 9 Dewatering **12 Other (Specify below)**
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well **Air Sparge Well**

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

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

Blank casing diameter **1** in. to **38** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface **-1.68** in., weight **Sch 40** lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL **7 PVC** 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot **3 Mill slot** 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **38** ft. to **40** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **37.5** ft. to **40** ft., From ft. to 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 **0** ft. to **32.5** ft., From **32.5** ft. to **37.5** ft., From ft. to ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage **16 Other (specify below)**
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **Former UST Basin**

Direction from well? **Southwest** How many feet? **150**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Sand, Dark Brown			
2	4	Clay, Dark Brown			
4	9	Sand, Brown			
9	10	Clay, Dark Brown			
10	24	Sand, Light Gray			
24	40	Sand, Gray Brown			
					AS-6, Tag # 00295686, Flushmount
					Project Name: Greenfield - Jim's Amoco
					GeoCore # 830, KDHE # U1 093 11433

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) **12/21/99** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **1/19/00** under the business name of **GeoCore Services, Inc.** by (signature) *Don Koll*

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.

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