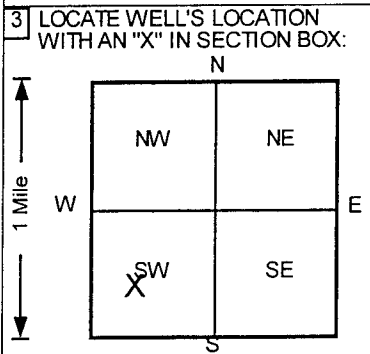


1 LOCATION OF WATER WELL: Fraction NE  $\frac{1}{4}$  SW  $\frac{1}{4}$  SW  $\frac{1}{4}$  Section Number 33 Township Number T 23 S Range Number R 13 **EW**  
 County: **Stafford**

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 4<sup>th</sup> Street Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : St. John, Kansas 67576 Application Number:



4 DEPTH OF COMPLETED WELL . . . . . **40** . . . . . ft ELEVATION: . . . . . **1907.7**  
 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 was 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 . . . . . **-4.2** . . . . . 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:  
 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)  
 . . . . . **Former: UST Basin**  
 Direction from well? **Southwest** How many feet? **100**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Sand, Dark Brown			
3	8	Clay, Dark Brown			
8	11	Sand, Red Brown			
11	19	Sand, Light Brown			
19	40	Sand, Gray			
					AS-5, Tag # 00295679, 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) *Bob Kall*

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.