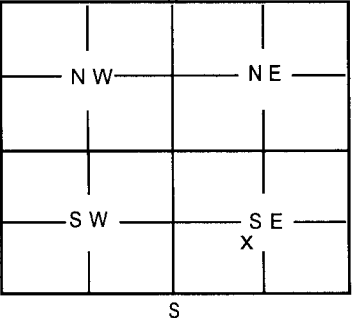
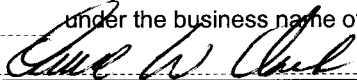


1	LOCATION OF WATER WELL: County: Stafford	Fraction NE 1/4 SW 1/4 SE 1/4	Section Number 32	Township Number T 23 S	Range Number R 13 E																								
Distance and direction from nearest town or city street address of well if located within city? Northwest of the intersection of W. 3rd Ave. and North Central Ave.																													
2	WATER WELL OWNER: City of St. John RR#, St. Address, Box # P.O. Box 367 City, State, ZIP Code St. John, KS 67576 Board of Agriculture, Division of Water Resources Application Number: 3,090																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 																												
4	DEPTH OF WELL 69 ft. WELL'S STATIC WATER LEVEL 20 ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other 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: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____ Blank casing diameter 16 in. Was casing pulled? Yes _____ No ☒ Casing height above or below land surface 24 in. If yes, how much _____ Cut off _____																												
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug Grout Plug Intervals: From 3 ft. to 2 ft., From _____ ft. to _____ ft. From 23 ft. to 3 ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____ None known Direction from well? _____ How many feet? _____																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">69</td> <td style="text-align: center;">23</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">23</td> <td style="text-align: center;">3</td> <td>Bentonite Holeplug</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td>Neat Cement</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td>Sand and new floor in well house</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	69	23	Chlorinated Sand	23	3	Bentonite Holeplug	3	2	Neat Cement	2	0	Sand and new floor in well house									
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-11-02 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) 6-14-02 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, underline or circle the correct answers. Send top three copies to Kansas Department of Health & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.