Form WWC-5P

KSA 82a-1212

ID NO.00295631

1000	TION OF MA	TED MELL.	Crastian	Costing Number	Township North	Dance Num	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Stafford			NE45W 45W 4	33	23	13 E	
Distance and direction from nearest town or city street address of well if located within city?							
112 W. 4+h St. St. John KS 67576							
2 WATER WELL OWNER: St. John Service							
RR#, St. Address, Box #: 112 W 4+h S+.  City, State, ZIP Code : S+. John KS 67576 Application Number:							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL							
			WELL WAS USED AS:				
NV	v — —	NE	1 Domestic	5 Public Water Supply			
			2 Irrigation 3 Feedlot		6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 10 Monitoring Well 11 Monitoring Well		
W		<del>-    </del> E	4 Industrial	8 Air Conditioning	12 Other		
Was a chemical / bacteriological sample submitted to Department? Yes							
if yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes No							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
2 PVD 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter in. Was casing pulled? Yes No							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From 40 ft. to 3 ft., From ft. to ft., From ft., From ft., From ft.							
What is the nearest source of possible contamination:							
1 Septic tank 2 Sewer lines			6 Seepage pit 7 Pit privy	11 Fuel storage	16 Other (spe	ecity below)	
Watertight sewer lines     Lateral lines			8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water v			
5 Cess pool			10 Livestock pens	15 Oil well/Gas well			
Direction from well? N How many feet? 225							
FROM	то	PLI	JGGING MATERIALS				
40° 3°	40 5 Dentonis		material				
	0	Wative	material				
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-4-07 and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)							
Water Well Contractor's License No							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circlethe correct							

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circlethe correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St. Ste. 420. Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.