

1) LOCATION OF WATER WELL: County: Stafford		Fraction <u>SW</u> ¼ <u>N</u> C ¼ SW ¼	Section Number <u>7</u>	Township Number T 23 S	Range Number R 13 E/W
Distance and direction from nearest town or city street address of well if located within city? <u>1½ miles west and 4 miles north of St. John, Kansas</u>					
2) WATER WELL OWNER: Jim Saltee RR#, St. Address, Box #: RR City, State, ZIP Code: St. John, KS. 67576 Board of Agriculture, Division of Water Resources Application Number: N/A					
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>121</u> ft. ELEVATION: <u>unknown</u>			
A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, and SE. An 'X' is marked in the SW quadrant. A vertical arrow on the left indicates North (N), and a horizontal arrow at the bottom indicates East (E). A scale bar below the grid shows 1 mile.		Depth(s) Groundwater Encountered 1. <u>11'</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>11'</u> ft. below land surface measured on mo/day/yr <u>9-2-88</u> .			
		Pump test data: Well water was <u>not ck'd</u> after _____ hours pumping _____ gpm			
		Est. Yield <u>1200</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>24"</u> in. to <u>120</u> 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) <u>2 Irrigation</u> 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded <u>X</u>
			7 Fiberglass		Threaded _____
Blank casing diameter <u>16</u> in. to <u>0-54</u> ft., Dia. <u>16</u> in. to <u>.74-.89</u> ft., Dia. <u>16</u> in. to <u>01-112</u> ft.					
Casing height above land surface <u>12</u> in., weight <u>42.05</u> lbs./ft. Wall thickness or gauge No. <u>250</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) <u>XXXXXXXXXXXXXXX</u>
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) <u>Doerr Bridge Slot</u>	
SCREEN-PERFORATED INTERVALS: From <u>54 XXX</u> ft. to <u>74</u> ft., From _____ ft. to _____ ft.					
From <u>89</u> ft. to <u>101</u> ft., From <u>XXX 112</u> ft. to <u>XXX 120</u> ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>120</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6) GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ 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)
				13 Insecticide storage	no known source
Direction from well?				How many feet?	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Topsoil fine sand, sandy brown			
15	25	Clay, brown, sandy			
25	75	Sand & gravel, medium to fine			
75	86	Clay, soft tan sandy(limestone 87')			
86	99	Sand & gravel, medium to fine			
99	110	Clay, yellow tan streaks of gray			
110	115	Sand & gravel			
115	120	Sand & gravel with broken sandstone			
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) <u>9-2-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/yr) <u>11-15-88</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</u>					
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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					