

1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction $\frac{1}{4}$ $\frac{1}{4}$ NW $\frac{1}{4}$		Section Number <u>X 18</u>	Township Number T <u>23</u> S	Range Number R <u>13</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 2 miles West and 4 miles North of St. John, KS.</u>						
2 WATER WELL OWNER: <u>Jim Soden</u> RR#, St. Address, Box #: <u>Route 3</u> City, State, ZIP Code: <u>St. John, KS 67576</u> Board of Agriculture, Division of Water Resources Application Number: <u>39,061</u>						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>129</u> ft. ELEVATION: <u>unknown</u>				
1 Mile		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.				
		WELL'S STATIC WATER LEVEL <u>20'</u> ft. below land surface measured on mo/day/yr				
		Pump test data: Well water was <u>not ch'd</u> ft. after hours pumping gpm				
		Est. Yield <u>unknown</u> gpm: Well water was ft. after hours pumping gpm				
		Bore Hole Diameter <u>.24</u> in. to <u>129</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)						
2 Irrigation 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>1.6</u> in. to <u>47</u> ft., Dia <u>1.6</u> in. to <u>96</u> ft., Dia in. to ft.						
Casing height above land surface <u>1.2</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		7 PVC		10 Asbestos-cement
2 Brass 4 Galvanized steel		6 Concrete tile		8 RMP (SR)		11 Other (specify)
				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)		
SCREEN-PERFORATED INTERVALS: From <u>47</u> ft. to <u>75</u> ft., From ft. to ft.						
From <u>96</u> ft. to <u>128</u> ft., From ft. to ft.						
GRAVEL PACK INTERVALS: From <u>X 20</u> ft. to <u>129</u> 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 <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		<u>unknown</u>
Direction from well? How many feet?						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	3	Topsoil sandy				
3	25	Fine sand and sandy clay				
25	75	Sand and Gravel, fine to med.				
75	95	Clay brown, sandy w/Streaks lime- XXX stone and sand				
95	109	Gravel fine to med.				
109	111	Clay - Brown streaks of limestone				
111	115	Gravel and sand, broken sandstone w/Clay				
115	118	Clay brown sandy				
118	128	Gravel and sand, broken sandstone w/Clay				
<u>X 128</u>	129	Clay, yellow - brown				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4/27/89</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>5/23/89</u> under the business name of <u>Clarke Well & Equipment</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.						