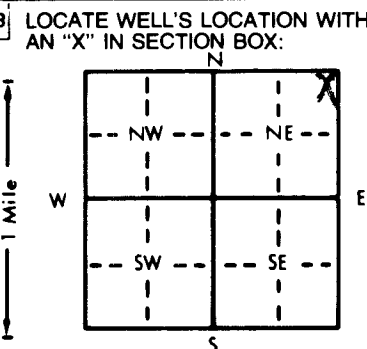


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 NE 1/4 Section Number 20 Township Number T 23 S Range Number R 13 E/W  
 County: Staff.

Distance and direction from nearest town or city street address of well if located within city?  
2-N of Saint John, KS.

2 WATER WELL OWNER: Larry Ryan  
 RR#, St. Address, Box #: Rt. 3 Box 120 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: ST. JOHN, KS. 67567 Application Number:



4 DEPTH OF COMPLETED WELL: .55 ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: .7 ft. below land surface measured on mo/day/yr .....  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter: .9 in. to ..... ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply  8 Air conditioning  11 Injection well  
 2 Domestic  3 Feedlot  6 Oil field water supply  9 Dewatering  12 Other (Specify below)  
 4 Irrigation  7 Lawn and garden only  10 Observation 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:  
 1 Steel  3 RMP (SR)  5 Wrought iron  8 Concrete tile  CASING JOINTS: Glued  Clamped .....  
 PVC  4 ABS  6 Asbestos-Cement  9 Other (specify below) Welded .....  
 7 Fiberglass ..... Threaded .....  
 Blank casing diameter: .5 in. to .45 ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.  
 Casing height above land surface: .18 in., weight ..... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel  3 Stainless steel  5 Fiberglass  PVC  10 Asbestos-cement  
 2 Brass  4 Galvanized steel  6 Concrete tile  9 ABS  11 Other (specify) .....  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot  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: .45 ft. to .55 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From: .23 ft. to .55 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL:  Neat cement  2 Cement grout  3 Bentonite  4 Other .....  
 Grout intervals: From: .3 ft. to .23 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 NONE  
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<u>0</u>	<u>3</u>	<u>top soil</u>			
<u>3</u>	<u>7</u>	<u>clay</u>			
<u>7</u>	<u>55</u>	<u>gravel</u>			

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) 3-30-88 and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. 462 This Water Well Record was completed on (mo/day/yr) 4-26-88  
 under the business name of Sam's Water Well by (signature) Lora Dafern  
 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: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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 R  
 EW  
 SEC.