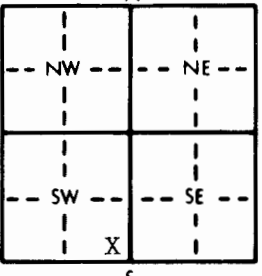


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Stafford SE 1/4 SE 1/4 SW 1/4 29 T 23 S R 13 E/W

Distance and direction from nearest town or city street address of well if located within city?

Approx. 1/2 mi. North of St. John, KS

2 WATER WELL OWNER: Keith Fairchild 35,564
 RR#, St. Address, Box #: Route 3 - Box 125 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: St. John, KS 67576 Application Number: not available

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL: 59 ft. ELEVATION: unknown
 Depth(s) Groundwater Encountered 1. 7 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 7 ft. below land surface measured on mo/day/yr 4-26-84
 Pump test data: Well water was not ck'd ft. after _____ hours pumping _____ gpm
 Est. Yield .425 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter .24 in. to .59 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 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X

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 XX
 7 Fiberglass Threaded _____
 Blank casing diameter 16 in. to 19 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 36.87 lbs./ft. Wall thickness or gauge No. .219
 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) Doerr Bridge Slot
 SCREEN-PERFORATED INTERVALS: From 19 ft. to 59 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 14 ft. to 59 ft., From _____ ft. to _____ ft.
 Annular fill From 10 ft. to 14 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 10 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) CREEK
 Direction from well? west How many feet? 250'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	Topsoil & brown clay			
10	20	Sand & gravel, fine to very fine			
20	22	Sand & gravel, fine to med.			
22	38	Sand & gravel, fine to very fine some med.			
38	40	Tan clay			
40	45	Sandy tan clay			
45	47	Real soft sandy tan clay			
47	52	Very fine to fine sand & gravel w/ a lot of thin white clay streaks and thin streaks of cemented sand			
52	59	Sand & gravel, very fine w/thin streaks of cemented sand & streaks of coarse limestone & clay @ 59'			

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) 4-26-84 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/yr) 5-22-84 under the business name of Clarke Well & Eq., 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 and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.