

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: STAFFORD	<i>NW</i> $\frac{1}{4}$ <i>NW</i> $\frac{1}{4}$ NW $\frac{1}{4}$	33	T 23 S	R 13 E/W

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

701 N. West St.

2	WATER WELL OWNER: BILL SIEDL	
	RR#, St. Address, Box # : 701 N. WEST ST.	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code : ST. JOHN, KS. 67576	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL..... 6.3 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 1.7 . . . 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
X Domestic	3 Feedlot	6 Oil field water supply
		9 Dewatering
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes.....No...~~X~~.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes ~~X~~ No

5) TYPE OF BLANK CASING USED:		3 Wrought iron	8 Concrete tile	CASING JOINTS: Glued ☒ . . . Clamped	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded	
☒ PVC	4 ABS	7 Fiberglass		Threaded	
Blank casing diameter 5 . . . in. to 53 . . . ft., Dia in. to ft., Dia in. to ft.					
Casing height above land surface 1.8 . . . in., weight lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:			☒ PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)	
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:			5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	☒ Mill slot	6 Wire wrapped	9 Drilled holes		
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)		
SCREEN-PERFORATED INTERVALS: From 53 . . . ft. to 63 . . . ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From 23 . . . ft. to 63 . . . ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					

6] GROUT MATERIAL: 1 Neat cement 2 Cement grout ☒ 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? _____

[illegible]

7) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (X) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4-20-94 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) 5-16-94 under the business name of SAMS WATER WELL SERVICE by (signature) *Lara Rouliern*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.