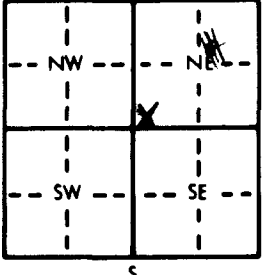


|                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                      |                |                 |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------|----------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                        |    | Fraction                                                                             | Section Number | Township Number | Range Number   |
| County: <u>Stacyard</u>                                                                                                                                                                                                                                                                                                                                                                                                          |    | <u>SW 1/4 SW 1/4 NE 1/4</u>                                                          | <u>33</u>      | <u>T 23 S</u>   | <u>R 13 E</u>  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>4 1/2 mi W St. John Edge of St John</u>                                                                                                                                                                                                                                                                                    |    |                                                                                      |                |                 |                |
| 2 WATER WELL OWNER: <u>J.D. Hayer</u>                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                      |                |                 |                |
| RR#, St. Address, Box # : <u>RR 2</u>                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                      |                |                 |                |
| City, State, ZIP Code : <u>St John, KS</u>                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                      |                |                 |                |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                      |                |                 |                |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                             |    | 4 DEPTH OF COMPLETED WELL: <u>66</u> ft. ELEVATION:                                  |                |                 |                |
|                                                                                                                                                                                                                                                                                                                                                  |    | Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft.                          |                |                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | WELL'S STATIC WATER LEVEL <u>25' 6"</u> 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: <u>8</u> in. to _____ ft., and _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                      |                |                 |                |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                      |                |                 |                |
| 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 <u>No</u> If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                                              |    |                                                                                      |                |                 |                |
| Water Well Disinfected? <u>Yes</u> No                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                      |                |                 |                |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                      |                |                 |                |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> Clamped                                                                                                                                                                                                                                                                                                                                            |    |                                                                                      |                |                 |                |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                      |                |                 |                |
| 7 Fiberglass Threaded                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                      |                |                 |                |
| Blank casing diameter <u>5</u> in. to <u>46</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                      |    |                                                                                      |                |                 |                |
| Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                                                                                          |    |                                                                                      |                |                 |                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                      |                |                 |                |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 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>46</u> ft. to <u>66</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                    |    |                                                                                      |                |                 |                |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                      |                |                 |                |
| GRAVEL PACK INTERVALS: From <u>13</u> ft. to <u>66</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>3</u> ft. to <u>13</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                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                      |                |                 |                |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                      |                |                 |                |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                             | TO | LITHOLOGIC LOG                                                                       | FROM           | TO              | LITHOLOGIC LOG |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                | 3  | top soil                                                                             |                |                 |                |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                | 16 | clay                                                                                 |                |                 |                |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                               | 40 | gravel                                                                               |                |                 |                |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                               | 43 | clay                                                                                 |                |                 |                |
| 43                                                                                                                                                                                                                                                                                                                                                                                                                               | 66 | gravel                                                                               |                |                 |                |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-29-86</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                                                                                        |    |                                                                                      |                |                 |                |
| Water Well Contractor's License No. <u>462</u> This Water Well Record was completed on (mo/day/yr) <u>8-29-86</u>                                                                                                                                                                                                                                                                                                                |    |                                                                                      |                |                 |                |
| under the business name of <u>Sam's Water Well</u> by (signature) <u>Sam Rayburn</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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records. |    |                                                                                      |                |                 |                |

OFFICE USE ONLY

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