

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: STAFFORD		NC 1/4 SW 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? 301 E. THIRD					
2 WATER WELL OWNER: BILL CLAUSING					
RR#, St. Address, Box # : 301 E. THIRD				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 60 ft. ELEVATION			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL 21 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			
		X1 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 X If yes, mo/day/yr sample was sub- mitted					
Water Well Disinfected? Yes X No					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
X X PVC		4 ABS		8 Concrete tile	
Blank casing diameter . . . 5 . . . in. to . . . 50 . . . ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft.		6 Asbestos-Cement		CASING JOINTS: Glued X Clamped	
Casing height above land surface . . . 24 . . . in. weight . . . lbs. ft. Wall thickness or gauge No.		7 Fiberglass		Welded	
TYPE OF SCREEN OR PERFORATION MATERIAL:		X PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
3 Fiberglass		5 Fiberglass		11 Other (specify)	
4 Concrete tile		6 Concrete tile		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		X Mill slot		11 None (open hole)	
2 Louvered shutter		6 Wire wrapped		9 Drilled holes	
4 Key punched		7 Torch cut		10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From . . . 50 . . . ft. to . . . 60 . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . 23 . . . ft. to . . . 60 . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X 3 Bentonite 4 Other					
Grout intervals: From . . . 3 . . . ft. to . . . 23 . . . ft. From . . . ft. to . . . 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				NONE KNOWN	
Direction from well? How many feet?					
FROM TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS	
0	3	TOP SOIL			
3	17	CLAY			
17	39	SAND & GRAVEL			
39	47	CLAY			
47	60	GRAVEL			
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) 6-30-94 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) 8-13-94 under the business name of SAM'S WATER WELL SERVICE by (signature) Sara Ruffin					
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.					

OFFICE USE ONLY

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