

|                                             |                                  |                      |                           |                          |
|---------------------------------------------|----------------------------------|----------------------|---------------------------|--------------------------|
| LOCATION OF WATER WELL:<br>County: STAFFORD | Fraction<br>SW 1/4 SW 1/4 SW 1/4 | Section Number<br>33 | Township Number<br>T 23 S | Range Number<br>R 13 E/W |
|---------------------------------------------|----------------------------------|----------------------|---------------------------|--------------------------|

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

122 S. MAIN

WATER WELL OWNER: FRED GRUNDER

RR#, St. Address, Box #: 122 S. MAIN

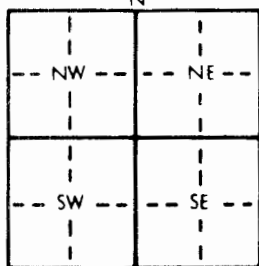
City, State, ZIP Code: ST. JOHNS, 67576

Board of Agriculture, Division of Water Resources

Application Number:

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

4 DEPTH OF COMPLETED WELL: 69 ft. ELEVATION:



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

WELL'S STATIC WATER LEVEL 22 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 submitted

Water Well Disinfected? Yes X No

TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

X PVC 4 ABS

5 Wrought iron

6 Asbestos-Cement

7 Fiberglass

8 Concrete tile

9 Other (specify below)

CASING JOINTS: Glued X Clamped

Welded

Threaded

Blank casing diameter 5 in. to 5.9 ft. Dia in. to ft. Dia in. to ft.

Casing height above land surface 2.4 in. weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

X PVC

8 RMP (SR)

9 ABS

10 Asbestos-cement

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot X3 Mill slot

2 Louvered shutter 4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 Saw cut

9 Drilled holes

10 Other (specify)

11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 5.9 ft. to 6.9 ft. From ft. to ft.

From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From 2.3 ft. to 6.9 ft. From ft. to ft.

From ft. to ft. From ft. to ft.

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.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines

2 Sewer lines 5 Cess pool

3 Watertight sewer lines 6 Seepage pit

7 Pit privy

8 Sewage lagoon

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?

| LITHOLOGIC LOG |    |          | FROM |  | TO |  | PLUGGING INTERVALS |  |
|----------------|----|----------|------|--|----|--|--------------------|--|
| FROM           | TO |          |      |  |    |  |                    |  |
| 0              | 3  | TOP SOIL |      |  |    |  |                    |  |
| 3              | 19 | CLAY     |      |  |    |  |                    |  |
| 19             | 36 | GRAVEL   |      |  |    |  |                    |  |
| 36             | 39 | CLAY     |      |  |    |  |                    |  |
| #39            | 56 | GRAVEL   |      |  |    |  |                    |  |
| 56             | 58 | CLAY     |      |  |    |  |                    |  |
| 58             | 69 | GRAVEL   |      |  |    |  |                    |  |

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) 10-28-94 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) 11-21-94

under the business name of SAM'S WATER WELL SERVICE

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