

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: Stafford		SW ¼ NE ¼ NE ¼	23	T 23 S	R 14 E(W)				
Distance and direction from nearest town or city street address of well if located within city? Approximately 3½ Miles West and 2¾ Miles North of St. John, KS									
2 WATER WELL OWNER:		Jack Cornwell							
RR#, St. Address, Box # :		103 S. Main, Box 295		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:unknown.....							
N <table border="1" style="margin: auto; width: 100px; height: 100px;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> S W E 1 Mile		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL16'..... ft. below land surface measured on mo/day/yr							
		Pump test data: Well water was not Ch'd. ft. after hours pumping gpm							
		Est. Yield unknown gpm: Well water was ft. after hours pumping gpm							
		Bore Hole Diameter.....9.....in. to60.....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 Monitoring well stock									
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..X...Clamped.....									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded.....									
Blank casing diameter5.....in. to53.....ft., Dia.....in. to.....ft., Dia.....in. to.....ft.									
Casing height above land surface.....48.....in., weight.....2,277.....lbs./ft. Wall thickness or gauge No.....214.....									
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).....									
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									
SCREEN-PERFORATED INTERVALS: From.....53.....ft. to.....60.....ft., From.....ft. to.....ft.									
GRAVEL PACK INTERVALS: From.....40.....ft. to.....60.....ft., From.....ft. to.....ft.									
From.....20.....ft. to.....40.....ft., From.....ft. to.....ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....									
Grout Intervals: From...5.....ft. to...20.....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 Known.....									
Direction from well? How many feet?									
FROM		TO		LITHOLOGIC LOG					
FROM		TO		PLUGGING INTERVALS					
0	4	Fine Sand Topsoil							
4	18	Clay, Brown Sandy							
18	50	Sand & Gravel Med to Fine							
50	53	Clay, Tan, Soft							
53	60	Sand & Gravel med. to fine							
60		Cemented Sand & Clay Tan							
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)4/10/89..... 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)4/11/89.....									
under the business name of Clarke Well & Equipment, Inc. by (signature) [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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.									