

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Stafford</u>		<u>C</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ SE $\frac{1}{4}$	<u>33</u>	<u>T 23</u> S	R <u>11W</u> EW
Distance and direction from nearest town or city? <u>5 W, $\frac{1}{2}$ N of St. John, Kansas</u>			Street address of well if located within city?		
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : City, State, ZIP Code :		Application Number: <u>None</u>			
		<u>Bill Westhoff</u> <u>Route 1</u> <u>St. John, Kansas 67576</u>			
3 DEPTH OF COMPLETED WELL		ft. Bore Hole Diameter			
<u>63</u> ft.		<u>8</u> in. to <u>63</u> ft., and _____ in. to _____ ft.			
Well Water to be used as:		5 Public water supply 8 Air conditioning 11 Injection well 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			
Well's static water level <u>27</u> ft. below land surface measured on _____ month <u>11</u> day <u>28</u> year <u>1979</u>					
Pump Test Data : Well water was _____ ft. after _____ hours pumping _____ gpm					
Est. Yield <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:		Casing Joints: <u>Grued</u> Clamped _____ Welded _____ Threaded _____			
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile			
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)			
Blank casing dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		7 Fiberglass			
Casing height above land surface <u>12</u> in., weight <u>2.8</u> lbs./ft. Wall thickness or gauge No _____ Sch. <u>40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass		7 PVC 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 3 Mill slot		6 Wire wrapped 9 Drilled holes			
2 Louvered shutter 4 Key punched		7 Torch cut 10 Other (specify) _____			
Screen-Perforation Dia <u>5</u> in. to _____ ft. Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>43</u> ft. to <u>63</u> ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <u>10</u> ft. to <u>63</u> ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL:		4 Other _____			
1 Neat cement 2 Cement grout 3 Bentonite					
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Fuel storage 14 Abandoned water well			
1 Septic tank 4 Cess pool 7 Sewage lagoon		11 Fertilizer storage 15 Oil well/Gas well			
2 Sewer lines 5 Seepage pit 8 Feed yard		12 Insecticide storage 16 Other (specify below) _____			
3 Lateral lines 6 Pit privy 9 Livestock pens		13 Watertight sewer lines			
Direction from well <u>East</u> How many feet <u>150</u> ? Water Well Disinfected? Yes _____ No _____					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.					
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ November _____ month _____ day <u>28</u> year <u>1979</u>					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>186</u>					
This Water Well Record was completed on _____ March _____ month _____ day <u>3</u> year <u>1980</u>					
name of <u>Kellys Water Well Service</u> by (signature) <u>Kelly Price</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG	
		0 35 Clay			
		35 63 Sand and gravel			
ELEVATION: <u>Unknown</u>					
Depth(s) Groundwater Encountered 1. <u>27</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft.		(Use a second sheet if needed)			

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.