

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Stafford	$\frac{1}{4}$ C $\frac{1}{4}$ SW $\frac{1}{4}$	29	T 24 S	R 13 E

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

4 1/4 S of St. John, ~~XXSX~~ 1/4 W

2	WATER WELL OWNER:	Golden XXXX Belt Feeders
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BB# St. Address Box # : P.O. Box 307

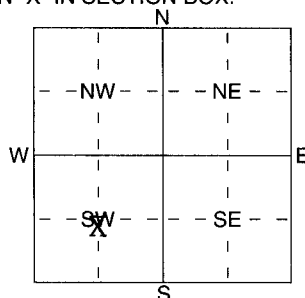
City, State, ZIP Code : St. John, Ks. 67576

Board of Agriculture, Division of Water Resources

Application Number: **SFWW2444**

3	LOCATE WELL'S LOCATION WITH	4	DEPTH OF COMPLETED WELL 63 ft. ELEVATION:
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AN "X" IN SECTION BOX:



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

Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.
WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr 11-26-02

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield N/A gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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)
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2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Stock well

Was a chemical/bacteriological sample submitted to Department? Yes No X.....: If yes, mo/day/yrs sample was sub-

Water Well Disinfected? Yes ☐ No ☒

5	TYPE OF BLANK CASING USED:
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1 Steel	3 RMP (SR)
2 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 53 ft. Dia in. to ft. Dia in. to ft.

Casing height above land surface 24 in., weight SDR-26 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

7 <u>PVC</u>	10 Asbestos-Cement
8 <u>RMP (SR)</u>	11 Other (Specify)
9 <u>ABS</u>	12 None used (open hole)

10 Asbestos-Cement
11 Other (Specify)
12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot
2 Louvered shutter	4 Key punched

5 Guazed wrapped
6 Wire wrapped
7 Torch cut

8 Saw cut
9 Drilled holes
10 Other (specify) _____ ft.
11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 63 ft. to 53 ft. From _____ ft. to _____ ft.

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

GRAVEL PACK INTERVALS: From 63 ft. to 20 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.....hole plug
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Grout Intervals: From 20 ft. to 0 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	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	None

Direction from well? _____ How many feet?

[illegible]

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) 11-26-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 134 This Water Well Record was completed on (mo/day/yr) 12-11-02 under the business name of Rosencrantz- Bemis 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.