WATER WELL RECORD Form WWC-5 KSA 82a-1212

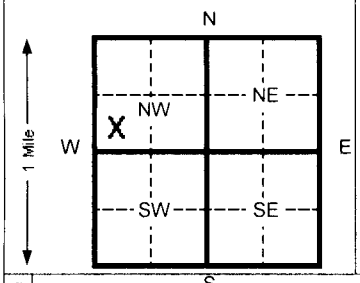
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Stafford**	¼ **SW** ¼ **NW** ¼	**4**	T **24** S	R **13** W

Distance and direction from nearest town or city street address of well if located within city?
424 S. Broadway, St. John Kansas

2 WATER WELL OWNER: **City of St. John**
RR#, St. Address, Box # : **P.O. Box 367**
City, State, ZIP Code : **St. John, Kansas 67576**

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL **27** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **11.5** ft. 2 ____ ft. 3 ____ Ft.
WELL'S STATIC WATER LEVEL **19.64** ft. below land surface measured on mo/day/yr **09/28/07**
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 **8.625** In. to **27** ft. and ____ in. to ____ Ft.
WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 [Monitoring well] 11 Injection well 12 Other (Specify below) **MW-1**
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 2 [PVC] 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued ____ Clamped ____ Welded ____ [Threaded] **X**
Blank casing diameter **4** in. to **12** Ft., Dia ____ In. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. ____
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 [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 2 Louvered shutter 3 [Mill slot] 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 **12** ft. to **27** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ Ft.
SAND PACK INTERVALS: From **10** ft. to **27** 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 ____
Grout Intervals From3 **0** ft. to **2** Ft., From2 **2** ft. to **10** Ft., From ____ ft. to ____ ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 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)] **Contaminated Site**
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Gravel			
1	3		Silt, Dusky brown, firm			
3	9		Silty Sand, yellow orange			
9	27		Sand, med grain			
27	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
Completed on (mo/day/yr) **09/27/07** And this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **10/26/07**
under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

Bradley Johnson

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