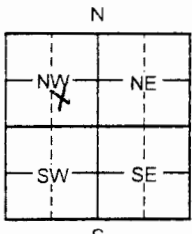


WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL: County: Stafford	Fraction: NW SE NW	Section Number: 4	Township Number: T 24 S F 13 W	Range Number: 13
Distance and direction from nearest town or city street address of well if located within city? 424 South Broadway, St. John		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.99444° Longitude: W 98.76068° Elevation: RIM: 1907.74 TOC: 1906.90 Datum: above mean sea level Data Collection Method: legal survey		
2 WATER WELL OWNER: City of St. John RR#, St. Address, Box #: PO Box 367 City, State, ZIP Code: St. John, KS, 67576				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 36 ft.			
	AS8			
	Depth(s) Groundwater Encountered: _____ ft. 2 _____ ft. 3 _____ ft.			
	WELL'S STATIC WATER LEVEL 16.00 ft. below land surface measured on mo/day/yr 7/7/09 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Air Sparge				
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 CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
2 PVC	4 ABS	7 Fiberglass		Threaded X	
Blank casing diameter 2 in. to 36 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height below land surface 0.84 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From _____ 33 ft. to _____ 35 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ 29.6 ft. to _____ 37 ft. From _____ ft. to _____ ft.					

6 GROUT MATERIAL:		1 Neat cement	2 Coated Bentonite	3 Med. Bentonite	4 Other Concrete: 0-1.5 ft. ; Soil: 1.5-4 ft.
Grout Intervals From 4 ft. to 16 ft. From 16 ft. to 29.6 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 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well					
Direction from well? SW How many feet? ~275					

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Gravel, black	22	26	Sand, coarse, gray, with gravel, wet, 2" silty clay lens at 22.3 ft.
1	4	Silty clay, black to red brown at depth, sand at depth			
4	8	Sand with silt, fine, red brown, moist			
8	12	Sand with silt, fine to medium, lt. red brown, moist			
12	16	Sand with silt and gravel, medium to coarse, lt. brown, moist			
16	18	Sand with silt and gravel, medium to coarse, lt. brown to gray at 17.5 ft., moist, very moist at depth			
18	22	Sand, coarse, gray, with gravel, wet			Flushmount waiver from BOW

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) 6/2/09 and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. 757	This Water Well Record was completed on (mo/day/year) 8/27/09
under the business name of Larsen & Associates, Inc.	by (signature) _____

INSTRUCTIONS. Please fill in blanks 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. Visit us at <http://www.kdheks.gov/waterwell>.