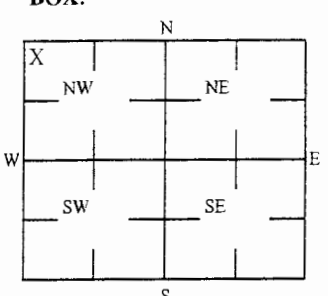


1 LOCATION OF WATER WELL: County: Stafford	Fraction NW ¼ NW ¼ NW ¼ NW ¼	Section Number 4	Township Number T 24 S	Range Number 13 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 312 West 1st St, St. John, KS 67576	Global Positioning Systems (GPS) information: Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
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2 WATER WELL OWNER: St. John Farmers Coop RR#, St. Address, Box #: PO Box 248 City, State ZIP Code: St. John, KS 67576	
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>20</u> ft. SVE5 WELL'S STATIC WATER LEVEL <u>NA</u> ft WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input checked="" type="checkbox"/> Other <u>Soil vapor extraction</u></td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input checked="" type="checkbox"/> Other <u>Soil vapor extraction</u>
<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering											
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring											
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well											
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input checked="" type="checkbox"/> Other <u>Soil vapor extraction</u>											

5 TYPE OF BLANK CASING USED:	<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specific below) <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile
Blank casing diameter <u>4</u> in.	Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>2'</u>
Casing height above or below land surface <u>NA</u> in.	

6 GROUT PLUG MATERIAL:	<input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Gravel: 0-0.5' Soil: 0.5-3'</u>
Grout Plug Intervals: From <u>3</u> ft to <u>20</u> ft.	From _____ ft to _____ ft, From _____ ft to _____ ft.
What is the nearest source of possible contamination:	
<input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool	<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feed yard <input type="checkbox"/> Livestock pens
<input checked="" type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well	<input type="checkbox"/> Other (specify below) _____ Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Gravel			
0.5	3	Soil			
3	20	Bentonite			
KDHE ID: St. John Farmers Coop: U1-093-00491					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/1/2015</u> and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>1/13/2016</u> under the business name of <u>Larsen & Associates, Inc.</u> By (signature) 
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Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 S.W. Jackson Street, Ste. 430, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.