

1. LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Stafford	N W    ¼ NW    ¼ NE    ¼	16	T 24 S	R 13 E/W

Distance and direction from nearest town or city? $1\frac{1}{2}$ miles south of St. John, KS	Street address of well if located within city?
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2	WATER WELL OWNER:	Sandyland Experimental Farm	NOTE: Approx. 200' South of Well drilled 4-11-
	RR#, St. Address, Box # :	c/o George TenEyck	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code :	St. John, KS 67576	Application Number: ?

3 DEPTH OF COMPLETED WELL ..... ft. Bore Hole Diameter ..... in. to ..... ft., and ..... in. to ..... ft.

Well Water to be used as:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
		7 Lawn and garden only	10 Observation well	

Well's static water level ..... 20 approx ft. below land surface measured on ..... 4 month ..... 14 day ..... 80 year

Pump Test Data

Est. Yield	gpm:	Well water was	ft. after	hours pumping	gpm

4	TYPE OF BLANK 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. . . . .	
Blank casing dia . . . . . in. to . . . . .			ft., Dia . . . . .	in. to . . . . .	ft., Dia . . . . .	in. to . . . . .
Casing height above land surface . . . . .			in., weight . . . . .	lbs./ft.	Wall thickness or gauge No . . . . .	
TYPE OF SCREEN OR PERFORATION MATERIAL:				7 PVC	10 Asbestos-cement	
1 Steel		3 Stainless steel	5 Fiberglass	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 . . . . . in. to . . . . .			ft., Dia . . . . .	in. to . . . . .	ft., Dia . . . . .	in. to . . . . .
Screen-Perforated Intervals:			From . . . . . ft. to . . . . .	ft., From . . . . .	ft. to . . . . .	ft.
			From . . . . . ft. to . . . . .	ft., From . . . . .	ft. to . . . . .	ft.
Gravel Pack Intervals:			From . . . . . ft. to . . . . .	ft., From . . . . .	ft. to . . . . .	ft.
			From . . . . . ft. to . . . . .	ft., From . . . . .	ft. to . . . . .	ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grouted Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below) _____
			13 Watertight sewer lines	

Direction from well \_\_\_\_\_ How many feet \_\_\_\_\_ ? Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date sample 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 9 month 30 day 1980 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185  
This Water Well Record was completed on 1 month 23 day 1981 year under the business name of CLARKE WELL & EO., INC. by (signature) [Signature]

[illegible]

Depth(s) Groundwater Encountered 1. .... 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.

OFFICE USE ONLY

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**END**

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