

1 LOCATION OF WELL:		Fraction		Section Number		Township Number		Range Number																			
County: STAFFORD		SE 1/4 SE 1/4 NE 1/4		27		T 25 S		R 13 E/W																			
Distance and direction from nearest town or city street address of well if located within city?																											
8-N 1-E OF IUKA, KS.																											
2 WATER WELL OWNER: DAVID McCANDLESS																											
RR#, St. Address, Box # : R.R. 1 BOX 23-A																											
City, State, ZIP Code : ST. JOHN, KS. 67576																											
Board of Agriculture, Division of Water Resources Application Number:																											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																											
4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION:																											
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL 24 . . . 24 . . . ft. below land surface measured on mo/day/yr 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 in. to ft., and in. to ft. WELL WATER TO BE USED AS: <table style="width:100%; border: none;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>XX Domestic</td> <td>3 Feedlot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden only</td> </tr> <tr> <td></td> <td></td> <td>9 Dewatering</td> </tr> <tr> <td></td> <td></td> <td>10 Monitoring well</td> </tr> <tr> <td></td> <td></td> <td>12 Other (Specify below)</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes. No. ☒; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes ☒ No										5 Public water supply	8 Air conditioning	11 Injection well	XX Domestic	3 Feedlot	6 Oil field water supply	2 Irrigation	4 Industrial	7 Lawn and garden only			9 Dewatering			10 Monitoring well			12 Other (Specify below)
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6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	X3 Bentonite	4 Other
Grout Intervals:		From <u>7</u> <u>0</u> ft. to	<u>23</u> ft.	From	ft. to
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	14 Abandoned water well	
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)	
Direction from well?		 NONE			
		How many feet?			

[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ~~was~~ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-28-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 462-B This Water Well Record was completed on (mo/day/yr) 5-27-92 under the business name of SAM'S WATER WELL SERVICE 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.