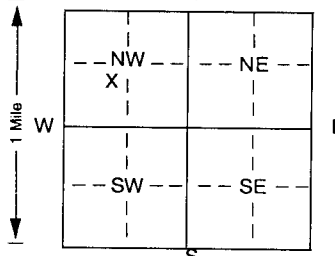


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																																																																
County: Stafford		NE 1/4 SW 1/4 NW 1/4	25	T 25 S	R 14 E W																																																																																																
Distance and direction from nearest town or city street address of well if located within city? Approximately 9 3/4 miles south and 2 3/4 miles west of St. John																																																																																																					
2 WATER WELL OWNER: Gerald Goodman RR#, St. Address, Box #: 743 SW 30th Avenue 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 82 ft. ELEVATION: unknown Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 25.86 ft. below land surface measured on mo/day/yr 5-11-04 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8 in. to 83 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Stock Well Was a chemical/bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yrs sample was submitted Water Well Disinfected? Yes ☒ No																																																																																																			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ☒ Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded Blank casing diameter 5 in. to 72 ft., Dia in. to _____ ft., Dia in. to _____ ft. Casing height above land surface 24 in., weight 2.36 lbs./ft. Wall thickness or gauge No .214 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) ft. SCREEN-PERFORATED INTERVALS: From 72 ft. to 80 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 83 ft., From _____ ft. to _____ ft.																																																																																																					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From 0 ft. to 20 ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) None known Direction from well? How many feet?																																																																																																					
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Topsoil</td><td></td><td></td><td></td></tr><tr><td>2</td><td>6</td><td>Clay, brown</td><td></td><td></td><td></td></tr><tr><td>6</td><td>13</td><td>Clay, gray</td><td></td><td></td><td></td></tr><tr><td>13</td><td>35</td><td>Clay, brown and white</td><td></td><td></td><td></td></tr><tr><td>35</td><td>44</td><td>Sand and gravel, coarse to fine</td><td></td><td></td><td></td></tr><tr><td>44</td><td>45</td><td>Clay, brown</td><td></td><td></td><td></td></tr><tr><td>45</td><td>65</td><td>Sand and gravel, coarse to fine with clay streaks</td><td></td><td></td><td></td></tr><tr><td>65</td><td>69</td><td>Clay, brown</td><td></td><td></td><td></td></tr><tr><td>69</td><td>83</td><td>Sand and gravel, coarse to fine</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	Topsoil				2	6	Clay, brown				6	13	Clay, gray				13	35	Clay, brown and white				35	44	Sand and gravel, coarse to fine				44	45	Clay, brown				45	65	Sand and gravel, coarse to fine with clay streaks				65	69	Clay, brown				69	83	Sand and gravel, coarse to fine																																							
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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) 5-11-04 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 (mo/day/yr) 5-12-04 under the business name of Clarke Well & Equipment, Inc. by (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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																																																																																																					