

1 LOCATION OF WATER WELL
 County: Stanton Fraction SE 1/4 SE 1/4 NE 1/4 Section Number 35 Township Number T 30 S Range Number R 41 EW

Distance and direction from nearest town or city? 11.5 S of Johnson Street address of well if located within city?

2 WATER WELL OWNER: Julius Johns (& Mildred M. Johns)
 RR#, St. Address, Box #: Rt. 2 Johnson, Mo 67855
 City, State, ZIP Code: Johnson, Mo 67855
 Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL: 295 ft. Bore Hole Diameter: _____ in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below) windmill
 Well's static water level: 180' ft. below land surface measured on 12 month 79 day 79 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 2 Brass 3 RMP (SR) 4 Galvanized steel 5 Wrought iron 6 Concrete tile 7 Fiberglass 8 Concrete tile 9 Other (specify below) 10 Asbestos-Cement 11 Other (specify below)
 Blank casing dia: 5" in. to 185' ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 1' in., weight _____ lbs./ft. Wall thickness or gauge No. 262

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 Torch cut 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 2 Mill slot 3 Gauzed wrapped 4 Key punched 5 Wire wrapped 6 Saw cut 7 None (open hole)
 8 Louvered shutter 9 Other (specify) _____
 Screen-Perforation Dia: 5" in. to 225' ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: X From 225' ft. to 205' ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: X From 225' ft. to 205' 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 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well: 200' South How many feet _____? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was 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 NA 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 12th month 28 day 1979 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 160
 This Water Well Record was completed on 13 month 28 day 1979 year under the business name of Jim Smith Pump Service by (signature) James Ray Smith

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0'	10'	Surface			
	10'	130'	Clay w/ fine sand			
	130'	205'	hard sand (argon)			
	205'	210'	sand stone yellow			
	210'	217'	Blue shale			
	217'	220'	Sandstone Brn			
	220'	225'	2' hard sandstone in shale			

ELEVATION: _____ ft. _____ ft. _____ ft. _____ 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.