

1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>		Section Number <u>7</u>	Township Number <u>T 24 S</u>	Range Number <u>R 13 E</u> (W)												
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 1/2 mile south and 1 mile west of St. John.</u>				Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>37.984998</u> Longitude: <u>-98.785388</u> Elevation: <u>Unknown</u> Datum: <u>NAD 83</u> Data Collection Method: <u>WAAS GPS Unit</u>														
2 WATER WELL OWNER: <u>Kent Rixon</u> RR#, St. Address, Box # : <u>Route 1 - Box 16A</u> City, State, ZIP Code : <u>St. John, KS 67576</u>																		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: right;">X</td> </tr> <tr> <td>--NW--</td> <td>--NE--</td> <td></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>--SW--</td> <td>--SE--</td> <td></td> </tr> </table> E S				X	--NW--	--NE--					--SW--	--SE--		4 DEPTH OF COMPLETED WELL <u>80.4</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on mo/day/yr <u>6-9-06</u> Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 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 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes _____ No ☒				
		X																
--NW--	--NE--																	
--SW--	--SE--																	
5 TYPE OF 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 diameter <u>16</u> in. to <u>57</u> ft., Diameter <u>16</u> in. to <u>79</u> ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>16</u> in., weight <u>16.15</u> lbs./ft. Wall thickness or gauge No. <u>.500</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel (3) Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: (1) Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____ SCREEN-PERFORATED INTERVALS: From <u>57</u> ft. to <u>77</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>35</u> ft. to <u>79</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																		
6 GROUT MATERIAL: 1 Neat Cement (2) Cement grout 3 Bentonite 4 Other Bentonite Holeplug 50% Sand/50% Bentonite Holeplug Grout Intervals: From <u>0</u> ft. to <u>22</u> ft., From <u>22</u> ft. to <u>31</u> ft., From <u>31</u> ft. to <u>35</u> ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage (16) Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well <u>None known</u> Direction from well? _____ How many feet? _____																		
FROM TO LITHOLOGIC LOG			FROM TO PLUGGING INTERVALS															
0 3 Topsoil			76 79 Clay, tan															
3 7 Clay, brown																		
7 9 Sand, fine																		
9 35 Sand and gravel, fine, medium																		
35 35.5 Clay, brown																		
35.5 41 Sand and gravel, fine, medium																		
41 45 Sand and gravel, fine																		
45 55 Sand and gravel, fine, medium																		
55 57 Sand and gravel with clay																		
57 71 Sand and gravel, fine, medium																		
71 76 Sand and gravel, fine, medium, coarse																		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-9-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>8-27-06</u> Under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</u> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																		