

1	LOCATION OF WATER WELL: County: <u>Stafford</u>	Fraction <u>1/4 CE 1/4 SE 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 1/4 miles south and 1 mile west of St. John</u>																													
2	WATER WELL OWNER: <u>Larry Turner</u> RR#, St. Address, Box # <u>230 NW 20th St.</u> City, State, ZIP Code <u>St. John, KS 67576</u> Board of Agriculture, Division of Water Resources Application Number: <u>22,934</u>																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> X																												
4	DEPTH OF WELL <u>70</u> ft. WELL'S STATIC WATER LEVEL <u>22</u> ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other Was a chemical / bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ☒ No _____																												
5	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Transite Blank casing diameter <u>16</u> in. Was casing pulled? Yes _____ No ☒ Casing height above or below land surface <u>48</u> in. If yes, how much _____																												
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals: From _____ ft. to _____ ft., From <u>22</u> ft. to <u>4</u> ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well 16 Other (specify below) None known Direction from well? _____ How many feet? _____																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">70</td> <td style="text-align: center;">22</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">22</td> <td style="text-align: center;">4</td> <td>Bentonite Holeplug</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td>Compacted Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	70	22	Chlorinated Sand	22	4	Bentonite Holeplug	4	0	Compacted Soil												
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>04-03-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>771</u> This Water Well Record was completed on (mo/day/year) <u>04-08-08</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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																													