

1 LOCATION OF WATER WELL  
 County: **DUTLER** Fraction: **NW 1/4 SW 1/4 NW 1/4** Section Number: **18** Township Number: **T 24 S** Range Number: **R 3 E**

Distance and direction from nearest town or city? Street address of well if located within city?  
**203 S. Locust - WHITEWATER, KS.**

2 WATER WELL OWNER: **Don Willis**  
 RR#, St. Address, Box #: **203 S. Locust** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **WhiteWater, KS.** Application Number:

3 DEPTH OF COMPLETED WELL: **57** ft. Bore Hole Diameter: **8** in. to **57** ft., and . . . . . in. to . . . . . ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Dawn and garden only 10 Observation well  
 Well's static water level: **22** ft. below land surface measured on **April** month **22** day **1981** year  
 Pump Test Data: Well water was **23** ft. after **1** hours pumping **15** gpm  
 Est. Yield **15** gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

4 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 **X**  
 7 Fiberglass **SDR 26** Threaded . . . . .  
 Blank casing dia: **5** in. to **57** ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface: **18** in., weight **200** lbs./ft. Wall thickness or gauge No: **3/16"**

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) **SDR-26**  
 12 None used (open hole)  
 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  
 7 Torch cut 10 Other (specify) . . . . .  
 Screen-Perforation Dia: . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From **22** ft. to **27** ft., From . . . . . ft. to . . . . . ft.  
 From **32** ft. to **52** ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From **10** ft. to **57** 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 **Top** ft. to **10** ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
**2** Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)  
 13 Watertight sewer lines  
 Direction from well: **North** How many feet: **40** ? 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: **Gould** Model No: **10ES 0541** HP: **1/2** Volts: **110**  
 Depth of Pump Intake: **47** ft. Pumps Capacity rated at: **12** 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 **April** month **27** day **1981** year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **221**  
 This Water Well Record was completed on **FEB** month **1** day **1982** year under the business name of **Frank Budde** by (signature) **Frank Budde**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<del>0</del>	<del>3</del>	<del>Top</del>	0	3	Top Soil
		<del>3</del>	<del>10</del>	<del>White clay</del>	3	10	White Clay
		<del>10</del>	<del>20</del>	<del>Blue clay</del>	10	20	Brown Clay
		<del>20</del>	<del>35</del>	<del>Sandy Blue clay</del>	20	35	Sand
		<del>35</del>	<del>42</del>	<del>Blue shale</del>	35	42	Blue clay
					42	44	Dark Blue Clay
					44	49	Blue clay
			49	55	Dark Blue		
			55	57	Blue shale		

ELEVATION: Depth(s) Groundwater Encountered 1. **23** ft. 2. **34** ft. 3. . . . . ft. 4. . . . . 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.