

DUTTON 1-17

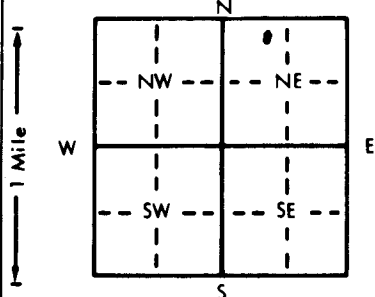
| | | | | |
|---|---|-----------------------------|----------------------------------|---------------------------------|
| 1 LOCATION OF WATER WELL: County: EDWARDS | Fraction NE 1/4 NW 1/4 NE 1/4 | Section Number 17 | Township Number T 24 S | Range Number R 16 E/D |
|---|---|-----------------------------|----------------------------------|---------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

BLEPRE IN 1/4 W SOUTHSIDE

| | |
|--|---|
| 2 WATER WELL OWNER: STERLING DRILLING CO. | FRE DUTTON, BELPRE, KS. |
| RR#, St. Address, Box #: BOX 129 | Board of Agriculture, Division of Water Resources |
| City, State, ZIP Code: STERLING, KS 67579 | Application Number: T83-555 |

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **60** ft. ELEVATION:

Depth(s) Groundwater Encountered 1. **31** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **28** ft. below land surface measured on mo/day/yr **10-22-83**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: **7 7/8** in. to **60** in. and _____ in. to _____ in.

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 |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only |
| | | 9 Dewatering |
| | | 10 Observation well |
| | | 12 Other (Specify below) |

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 iron | 8 Concrete tile | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ |
| Blank casing diameter 5 in. to 40 in. | | 7 Fiberglass | | Threaded _____ |
| Casing height above land surface 12 in., weight _____ lbs./ft. | | | | |

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|--|--------------------|------------------|--------------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 7 PVC | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR) | 11 Other (specify) |
| SCREEN OR PERFORATION OPENINGS ARE: 1/8 | | | 9 ABS | 12 None used (open hole) |
| 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-PERFORATED INTERVALS: From **40** ft. to **60** ft.

GRAVEL PACK INTERVALS: From **28** ft. to **60** ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From **0** ft. to **10** ft.

What is the nearest source of possible contamination: **NONE**

| | | | | |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 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) |
| | | | 13 Insecticide storage | |

Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|----|----------------|------|----|----------------|
| 0 | 5 | SAND | | | |
| 5 | 15 | SANDY CLAY | | | |
| 15 | 25 | SAND | | | |
| 25 | 30 | CLAY | | | |
| 30 | 60 | GRAVEL | | | |

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) **10-22-83** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **389** This Water Well Record was completed on (mo/day/yr) **10-28-83**

under the business name of **WELSER WATER WELL SERV. INC.** by (signature) *Paula J. ...*

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 24
R 16
E/D
SEC. 17
NE 1/4
NW 1/4
NE 1/4