

1 LOCATION OF WATER WELL: County: Butte Fraction: SW 1/4 SW 1/4 NE 1/4 Section Number: 3 Township Number: T 27 S Range Number: R 13 EAW

Distance and direction from nearest town or city street address of well if located within city?  
800 ft So. E of East Elevator Rudhouse

2 WATER WELL OWNER: Dukaloup  
 RR#, St. Address, Box #: Box 175  
 City, State, ZIP Code: Duker, Ks 68179 Board of Agriculture, Division of Water Resources  
 Application Number: MW-255

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

N	
NW	NE
SW	SE
S	

X

4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL: 46 ft. below land surface measured on mo/day/yr

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 8 in. to 60 ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feed lot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
9 Dewatering	10 Monitoring well	12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<u>2</u> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <u>X</u>

Blank casing diameter 4 in. to 50 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 0 in., weight 2.071 lbs./ft. Wall thickness or gauge No. 237

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)
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<u>8</u> 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 50 ft. to 60 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From 48 ft. to 60 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

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

Grout Intervals From 0 ft. to 45 ft. From 45 ft. to 48 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

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	<b>CONTAMINATED SITE</b>

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Silt, sand & fine			
2	19		Silty clay			
19	35		Silty clay w/ some clay			
35	60		sand, fine to medium, some coarse, clayey			

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/yr) 7-10-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 8-14-01 under the business name of Woofter Pump and Well Inc by (signature) [Signature]

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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