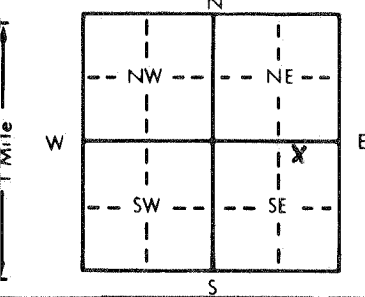


LOCATION OF WATER WELL: County: <b>CLOUD</b>	Fraction: <b>NW 1/4 NE 1/4 SE 1/4</b>	Section Number: <b>29</b>	Township Number: <b>T 5 S</b>	Range Number: <b>R 4 W E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**3 3/4 miles East of Jamestown on Hwy. 28**

WATER WELL OWNER: **Orville Dutton**  
 RR#, St. Address, Box # : **Route 1**  
 City, State, ZIP Code : **Jamestown, KS 66948**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: DEPTH OF COMPLETED WELL: **60'** ft. ELEVATION: **1385'**



Depth(s) Groundwater Encountered 1. **40'** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **4'** ft. below land surface measured on **mo/day/yr 3-11-86**  
 Pump test data: Well water was **95** ft. after **3/4** hours pumping **20** gpm  
 Est. Yield **20** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter: **8"** in. to **100** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic     2 Irrigation     3 Feedlot     4 Industrial  
 5 Public water supply     6 Oil field water supply     7 Lawn and garden only  
 8 Air conditioning     9 Dewatering     10 Observation well  
 11 Injection 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 \_\_\_\_\_

TYPE OF BLANK CASING USED:  
 1 Steel     2 PVC     3 RMP (SR)     4 ABS  
 5 Wrought iron     6 Asbestos-Cement     7 Fiberglass  
 8 Concrete tile     9 Other (specify below)  
 CASING JOINTS: Glued  Clamped \_\_\_\_\_  
 Welded \_\_\_\_\_  
 Threaded \_\_\_\_\_

Blank casing diameter **5"** in. to **40'** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **12** in., weight **3** lbs./ft. Wall thickness or gauge No. **258**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel     2 Brass     3 Stainless steel     4 Galvanized steel  
 5 Fiberglass     7 PVC     8 RMP (SR)  
 6 Concrete tile     9 ABS     10 Asbestos-cement  
 11 Other (specify) \_\_\_\_\_  
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot     2 Louvered shutter  
 3 Mill slot     4 Key punched  
 5 Gauzed wrapped     8 Saw cut  
 6 Wire wrapped     9 Drilled holes  
 7 Torch cut     10 Other (specify) \_\_\_\_\_  
 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **40** ft. to **60** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **14** ft. to **60** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GROUT MATERIAL:  1 Neat cement     2 Cement grout     3 Bentonite     4 Other \_\_\_\_\_  
 Grout Intervals: From **4** ft. to **14** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination: **None**  
 1 Septic tank     2 Sewer lines     3 Watertight sewer lines  
 4 Lateral lines     5 Cess pool     6 Seepage pit  
 7 Pit privy     8 Sewage lagoon     9 Feedyard  
 10 Livestock pens     11 Fuel storage     12 Fertilizer storage  
 13 Insecticide storage     14 Abandoned water well     15 Oil well/Gas well  
 16 Other (specify below) \_\_\_\_\_

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	Topsoil			
4	10	gray clay			
10	36	clay			
36	40	clay & limerock			
40	54	sandrock			
54	60	clay			
60	78	red clay			
78	100	shale			

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) **March 11, 1986** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361** This Water Well Record was completed on (mo/day/yr) **March 11, 1986** under the business name of **Cox-Beswick Irrigation Service, Inc.** by (signature) *Francis Cox*  
 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.