

| 1 LOCATION OF WATER WELL | | Fraction | | Section Number | | Township Number | | Range Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| County: <u>Butler</u> | | <u>1/4 SE 1/4 NE</u> | | <u>5</u> | | <u>T 24 S</u> | | <u>R 6 E/W</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city? <u>10 miles North AND 4 miles East 1/2 N of El Dorado</u> | | | | Street address of well if located within city? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: <u>Ervin E Grgnt</u> | | | | Board of Agriculture, Division of Water Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR#, St. Address, Box #: <u>525 Harvard</u> | | | | Application Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, ZIP Code: <u>El Dorado, Kansas</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 DEPTH OF COMPLETED WELL: <u>120</u> ft. Bore Hole Diameter: <u>8 7/8</u> in. to <u>120</u> ft. and _____ in. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Well Water to be used as: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1 Domestic | | | <input type="checkbox"/> 3 Feedlot | | | <input type="checkbox"/> 5 Public water supply | | | <input type="checkbox"/> 8 Air conditioning | | | <input type="checkbox"/> 11 Injection well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Irrigation | | | <input type="checkbox"/> 4 Industrial | | | <input type="checkbox"/> 6 Oil field water supply | | | <input type="checkbox"/> 9 Dewatering | | | <input type="checkbox"/> 12 Other (Specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 Lawn and garden only | | | <input type="checkbox"/> 10 Observation well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Well's static water level: <u>28</u> ft. below land surface measured on <u>August</u> month <u>30</u> day <u>1979</u> year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Est. Yield: <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 TYPE OF BLANK CASING USED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 Steel | | | <input type="checkbox"/> 3 RMP (SR) | | | <input type="checkbox"/> 5 Wrought iron | | | <input type="checkbox"/> 8 Concrete tile | | | Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 2 PVC | | | <input type="checkbox"/> 4 ABS | | | <input type="checkbox"/> 6 Asbestos-Cement | | | <input type="checkbox"/> 9 Other (specify below) | | | <input type="checkbox"/> Welded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> 7 Fiberglass | | | | | | <input type="checkbox"/> Threaded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blank casing dia: <u>5</u> in. to <u>100</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casing height above land surface: <u>12</u> in., weight <u>PSI 200</u> lbs./ft. Wall thickness or gauge No. <u>40 schedule</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 Steel | | | <input type="checkbox"/> 3 Stainless steel | | | <input type="checkbox"/> 5 Fiberglass | | | <input checked="" type="checkbox"/> 7 PVC | | | <input type="checkbox"/> 10 Asbestos-cement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Brass | | | <input type="checkbox"/> 4 Galvanized steel | | | <input type="checkbox"/> 6 Concrete tile | | | <input type="checkbox"/> 8 RMP (SR) | | | <input type="checkbox"/> 11 Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | <input type="checkbox"/> 9 ABS | | | <input type="checkbox"/> 12 None used (open hole) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Screen or Perforation Openings Are: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 Continuous slot | | | <input checked="" type="checkbox"/> 3 Mill slot | | | <input type="checkbox"/> 5 Gauzed wrapped | | | <input type="checkbox"/> 8 Saw cut | | | <input type="checkbox"/> 11 None (open hole) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Louvered shutter | | | <input type="checkbox"/> 4 Key punched | | | <input type="checkbox"/> 6 Wire wrapped | | | <input type="checkbox"/> 9 Drilled holes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> 7 Torch cut | | | <input type="checkbox"/> 10 Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Screen-Perforation Dia: <u>5</u> in. to <u>20</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Screen-Perforated Intervals: From <u>100</u> ft. to <u>120</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gravel Pack Intervals: From <u>12 1/2</u> ft. to <u>120</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grouted Intervals: From <u>2 1/2</u> ft. to <u>12 1/2</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1 Septic tank | | | <input type="checkbox"/> 4 Cess pool | | | <input type="checkbox"/> 7 Sewage lagoon | | | <input type="checkbox"/> 10 Fuel storage | | | <input type="checkbox"/> 14 Abandoned water well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Sewer lines | | | <input type="checkbox"/> 5 Seepage pit | | | <input type="checkbox"/> 8 Feed yard | | | <input type="checkbox"/> 11 Fertilizer storage | | | <input type="checkbox"/> 15 Oil well/Gas well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 Lateral lines | | | <input type="checkbox"/> 6 Pit privy | | | <input type="checkbox"/> 9 Livestock pens | | | <input type="checkbox"/> 12 Insecticide storage | | | <input type="checkbox"/> 16 Other (specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direction from well: <u>SW</u> How many feet: <u>600</u> ? Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of pump: <input type="checkbox"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <input checked="" type="checkbox"/> constructed, (2) <input type="checkbox"/> reconstructed, or (3) <input type="checkbox"/> plugged under my jurisdiction and was completed on <u>August</u> month <u>30</u> day <u>1979</u> year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <u>379</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This Water Well Record was completed on <u>August</u> month <u>31</u> day <u>1979</u> year under the business name of <u>S&S Drilling</u> by (signature) <u>[Signature]</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELEVATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Top Soil - Black</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>4</td> <td>Clay Soft Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>6</td> <td>Lime Yellow Soft</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>9</td> <td>Silt Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>28</td> <td>Lime Yellow Soft</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28</td> <td>57</td> <td>Shale Hard Gray</td> <td></td> <td></td> <td></td> </tr> <tr> <td>57</td> <td>94</td> <td>Lime Yellow Coarse</td> <td></td> <td></td> <td></td> </tr> <tr> <td>94</td> <td>107</td> <td>Shale Gray Medium/Soft</td> <td></td> <td></td> <td></td> </tr> <tr> <td>107</td> <td>114</td> <td>Sand Hard White</td> <td></td> <td></td> <td></td> </tr> <tr> <td>114</td> <td>120</td> <td>Lime Hard Gray</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | | | | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG | 0 | 2 | Top Soil - Black | | | | 2 | 4 | Clay Soft Brown | | | | 4 | 6 | Lime Yellow Soft | | | | 6 | 9 | Silt Brown | | | | 9 | 28 | Lime Yellow Soft | | | | 28 | 57 | Shale Hard Gray | | | | 57 | 94 | Lime Yellow Coarse | | | | 94 | 107 | Shale Gray Medium/Soft | | | | 107 | 114 | Sand Hard White | | | | 114 | 120 | Lime Hard Gray | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 2 | Top Soil - Black | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 4 | Clay Soft Brown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 6 | Lime Yellow Soft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 9 | Silt Brown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 28 | Lime Yellow Soft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 57 | Shale Hard Gray | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 | 94 | Lime Yellow Coarse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 94 | 107 | Shale Gray Medium/Soft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 114 | Sand Hard White | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 120 | Lime Hard Gray | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |