

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Butler	NE 1/4 NW 1/4 SE 1/4	34	T 24 S	R 6E E/W

Distance and direction from nearest town or city? **12 3/4 miles NE El Dorado**

Street address of well if located within city?

2] WATER WELL OWNER: **Tulsa District Corps of Engineers**

RR#, St. Address, Box # : _____

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : _____ Application Number: _____

3] DEPTH OF COMPLETED WELL ft. Bore Hole Diameter in. to 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)

7 Lawn and garden only 10 Observation well

Well's static water level ft. below land surface measured on month day year

Pump Test Data : Well water was ft. after hours pumping gpm

Est. Yield 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

7 Fiberglass Threaded

Blank casing dia **6** in. to ft., Dia in. to ft., Dia in. to ft.

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

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) ft.

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) ft.

Screen-Perforation Dia in. to ft., Dia in. to ft., Dia in. to ft.

Screen-Perforated Intervals: From ft. to ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: 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 ft. to 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 How many feet ? 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 Model No. HP Volts

Depth of Pump Intake ft. Pumps Capacity rated at 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 **2** month **15** day **81** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **401**

This Water Well Record was completed on **3** month **2** day **81** year under the business name of _____ by (signature) **Dary Dobby**

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG

ELEVATION:

Depth(s) Groundwater Encountered 1. ft. 2. 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.