

1	LOCATION OF WATER WELL: County: BUTLER	Fraction SW₁, SW_{1/4}, NE_{1/4}	Section Number 35	Township Number 25	Range Number 0SE																				
Distance and direction from nearest town or city street address of well if located within city 1005 SHERRY LEE LANE 1605 SHERRY LEE LANE EL DORADO KS																									
2	WATER WELL OWNER: RR#, St. Address, Box #: City, State, ZIP Code :	LOIS HART 1605 SHERRY LEE LANE EL DORADO KS 67042																							
Board of Agriculture, Division of Water Resources Application Number:																									
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4 DEPTH OF WELL..... 100ft. WELL'S STATIC WATER LEVEL..... 80ft. WELL WAS USED AS:																							
		<table> <tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr> <tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....								
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		Was a chemical/bacteriological sample submitted to Department? Yes..... No If yes, mo/day/yr sample was submitted.....																							
		Water Well Disinfected: Yes No..... 1 Gallon Clorox																							
5	TYPE OF BLANK CASING USED:																								
	<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (specify below) <input checked="" type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile																								
	Blank casing diameter..... 6"in. Was casing pulled? Yes..... <input checked="" type="checkbox"/> No..... If yes, how much.....																								
	Casing height (above) or below land surface..... 12"in.																								
6	GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other.....																								
	Grout Plug Intervals: From..... 0ft. to..... 100ft., From.....ft. toft., From.....ft. to.....ft.																								
	What is the nearest source of possible contamination:																								
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	Direction from well? EAST How many feet? 100 ft																								
	FROM	TO	PLUGGING MATERIALS																						
	TOP	BOTTOM	CONCRETE																						
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 06/29/94 Under the business name of X by (signature) X: Kelly Farland																								
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.																									