

1 LOCATION OF WATER WELL		Fraction SE 1/4 SE 1/4 SE 1/4			Section Number 20	Township Number T 25 S	Range Number R 6 E E/W																																																
Distance and direction from nearest town or city? 7 1/4 miles NE El Dorado				Street address of well if located within city?																																																			
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <b>Tulsa District Corps of Engineers</b>																																																							
3 DEPTH OF COMPLETED WELL ft. Bore Hole Diameter in. to ft., and in. to ft.																																																							
Well Water to be used as:		5 Public water supply		8 Air conditioning		11 Injection well																																																	
1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	10 Observation well	12 Other (Specify below)																																																		
2 Irrigation	4 Industrial	7 Lawn and garden only																																																					
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	gpm																																																
4 TYPE OF BLANK CASING USED: <table><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought iron</td><td>8 Concrete tile</td><td colspan="4">Casing Joints: Glued . . . Clamped . . .</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>9 Other (specify below)</td><td colspan="4">Welded . . .</td></tr><tr><td colspan="2"></td><td>7 Fiberglass</td><td></td><td colspan="4">Threaded . . .</td></tr></table>								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 . . .																											
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Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No . . .																																																							
TYPE OF SCREEN OR PERFORATION MATERIAL: <table><tr><td>1 Steel</td><td>3 Stainless steel</td><td>5 Fiberglass</td><td>7 PVC</td><td colspan="4">10 Asbestos-cement</td></tr><tr><td>2 Brass</td><td>4 Galvanized steel</td><td>6 Concrete tile</td><td>8 RMP (SR)</td><td colspan="4">11 Other (specify) . . .</td></tr><tr><td colspan="2"></td><td>7 Gauzed wrapped</td><td>9 ABS</td><td colspan="4">12 None used (open hole) . . .</td></tr><tr><td colspan="2"></td><td>6 Wire wrapped</td><td></td><td colspan="4">13 Saw cut . . .</td></tr><tr><td colspan="2"></td><td>7 Torch cut</td><td></td><td colspan="4">14 Drilled holes . . .</td></tr><tr><td colspan="2"></td><td></td><td></td><td colspan="4">15 Other (specify) . . .</td></tr></table>								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) . . .						7 Gauzed wrapped	9 ABS	12 None used (open hole) . . .						6 Wire wrapped		13 Saw cut . . .						7 Torch cut		14 Drilled holes . . .								15 Other (specify) . . .			
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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																																																							
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What is the nearest source of possible contamination: <table><tr><td>1 Septic tank</td><td>4 Cess pool</td><td>7 Sewage lagoon</td><td>10 Fuel storage</td><td colspan="4">14 Abandoned water well</td></tr><tr><td>2 Sewer lines</td><td>5 Seepage pit</td><td>8 Feed yard</td><td>11 Fertilizer storage</td><td colspan="4">15 Oil well/Gas well</td></tr><tr><td>3 Lateral lines</td><td>6 Pit privy</td><td>9 Livestock pens</td><td>12 Insecticide storage</td><td colspan="4">16 Other (specify below) . . .</td></tr><tr><td colspan="2"></td><td>13 Watertight sewer lines</td><td></td><td colspan="4"></td></tr></table>								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																					
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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 <b>2</b> month <b>16</b> day <b>81</b> year.																																																							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>401</b> .																																																							
This Water Well Record was completed on <b>3</b> month <b>4</b> day <b>81</b> year under the business name of <b>Harry Herby</b> by (signature)																																																							
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 Engineering, Water Well Control, Topeka, KS 66620. Send to WATER WELL CHAMBERS																																																							