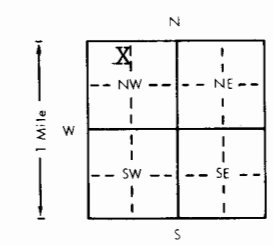


1 LOCATION OF WATER WELL		Fraction NE 1/4 NW 1/4 NW 1/4		Section Number 9		Township Number T 25 S		Range Number R 6E E/W					
County: <b>Butler</b>													
Distance and direction from nearest town or city? <b>9 3/8 Mi NE E1 Dorado</b>				Street address of well if located within city?									
2 WATER WELL OWNER: <b>Tulsa District Corps of Engineers</b>													
RR#, St. Address, Box # : <b>PO Box 61</b>				Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : <b>Tulsa, Oklahoma 74121</b>				Application Number:									
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		12 Other (Specify below)							
2 Irrigation 4 Industrial		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)		6 Asbestos-Cement		9 Other (specify below)		Welded					
2 PVC		4 ABS		7 Fiberglass		Stone		Threaded					
Blank casing dia <b>3"</b> . . . . . 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		8 RMP (SR)		11 Other (specify)					
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		12 None used (open hole)					
Screen or Perforation Openings Are:													
1 Continuous slot		3 Mill slot		6 Wire wrapped		9 Drilled holes		11 None (open hole)					
2 Louvered shutter		4 Key punched		7 Torch cut		10 Other (specify)							
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 <u>Cement grout</u> 3 <u>Bentonite</u> 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) <u>plugged under my jurisdiction</u> and was													
completed on . . . . . 2 . . . . . month . . . . . 7 . . . . . day . . . . . 81 . . . . . 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 . . . . . 3 . . . . . month . . . . . 2 . . . . . day . . . . . 81 . . . . . year under the business													
name of . . . . . by (signature) <b>Mary Jorley</b>													
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.													