

1 LOCATION OF WATER WELL		Fraction SW 1/4 SE 1/4 NE 1/4	Section Number 18	Township Number T 25 S	Range Number R 6E E/W
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County: **Butler** Distance and direction from nearest town or city?  
**7 miles NE El Dorado** Street address of well if located within city?

## 2 WATER WELL OWNER:

RR#, St. Address, Box #: **Tulsa District Corps of Engineers** Board of Agriculture, Division of Water Resource 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: 5 Wrought iron 8 Concrete tile Casing Joints: Glued ..... Clamped .....

1 Steel 3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

Welded .....

2 PVC 4 ABS

7 Fiberglass

stone

Threaded .....

Blank casing dia **3'X3' sq.** 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: 7 PVC 10 Asbestos-cement

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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot 3 Mill slot

6 Wire wrapped

9 Drilled holes

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.

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.

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., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 10 Fuel storage 14 Abandoned water well

1 Septic tank 4 Cess pool

7 Sewage lagoon

11 Fertilizer storage

15 Oil well/Gas well

2 Sewer lines 5 Seepage pit

8 Feed yard

12 Insecticide storage

16 Other (specify below) .....

3 Lateral lines 6 Pit privy

9 Livestock pens

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

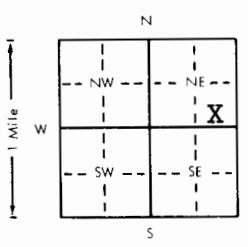
completed on ..... 2 ..... month ..... 15 ..... day ..... 81 ..... year ..... 401

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 ..... 3 ..... month ..... 2 ..... day ..... 81 ..... year under the business:

name of

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



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.