

1 LOCATION OF WATER WELL		Fraction NW 1/4 NW 1/4 SE 1/4				Section Number 19	Township Number T 25 S	Range Number R 6E E/W	
County: <b>Butler</b>				Distance and direction from nearest town or city? <b>6 1/2 Mi NE El 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:				8 Air conditioning 11 Injection well					
1 Domestic	3 Feedlot	5 Public water supply	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.					
Est. Yield	gpm	Well water was	ft. after					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		Threaded .....					
Blank casing dia ... <b>8"</b> in. to ..... ft., Dia .....				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)	7 PVC	10 Asbestos-cement				
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) .....	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	7 Torch cut	9 Drilled holes	10 Other (specify) .....				
2 Louvered shutter	4 Key punched								
Screen-Perforation Dia..... in. to ..... ft., 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.,	ft. to ..... ft.			
Gravel Pack Intervals: From..... ft. to ..... ft., From..... ft. to ..... ft.				From..... ft. to ..... ft.,	From..... ft. to ..... ft.,	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.,	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)					
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 .....				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. ....									
This Water Well Record was completed on ..... <b>3</b> ..... month ..... <b>9</b> ..... day ..... <b>81</b> ..... year under the business name of ..... <i>Sherry Darby</i> ..... 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, <i>please press firmly</i> and <i>PRINT</i> 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.									