

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: Butler		NE ¼ NW ¼ NW ¼		20		T 25 S		R 6E E/W	
Distance and direction from nearest town or city? 6½ MI NE El Dorado					Street address of well if located within city?				

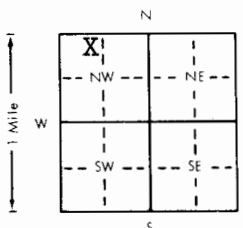
2 WATER WELL OWNER: Tulsa District Corps of Engineers	
RR#, St. Address, Box # : PO Box 61	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Tulsa, Oklahoma 74121	Application Number:

3 DEPTH OF COMPLETED WELL: 37 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)	
2 PVC		4 ABS		7 Fiberglass		Welded . . .	
						Threaded . . .	
Blank casing dia . . . 8" 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			
1 Steel				10 Asbestos-cement			
3 Stainless steel				8 RMP (SR)			
5 Fiberglass				11 Other (specify) . . .			
2 Brass				12 None used (open hole)			
4 Galvanized steel				6 Concrete tile			
9 ABS				11 None (open hole)			
Screen or Perforation Openings Are:				5 Gauzed wrapped			
1 Continuous slot				8 Saw cut			
3 Mill slot				11 None (open hole)			
2 Louvered shutter				6 Wire wrapped			
4 Key punched				9 Drilled holes			
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 Cement grout		3 Bentonite		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) plugged under my jurisdiction and was completed on . . . 2 month . . . 6 day . . . 81 year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 401	
This Water Well Record was completed on . . . 2 month . . . 13 day . . . 81 year under the business name of . . . by (signature) <i>Dary Dary</i>	

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)
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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.