

LOCATION OF WATER WELL County: <b>Butler</b>	Fraction <b>SW 1/4 SW 1/4 NW 1/4</b>	Section Number <b>29</b>	Township Number <b>T 25 S</b>	Range Number <b>R 6 E</b>
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Distance and direction from nearest town or city? **1 N - 1 1/2 E** Street address of well if located within city? **El Dorado**

WATER WELL OWNER: **US Govt** Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: **222** Application Number: **W 14**  
 City, State, ZIP Code: **El Dorado KS 67042**

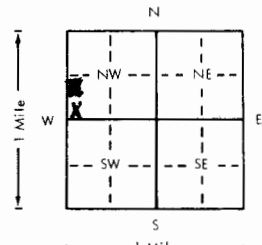
DEPTH OF COMPLETED WELL: **97** ft. Bore Hole Diameter: **7"** in. to **97** ft., and . . . . . in. to . . . . . ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)  
 10 Observation well  
 Well's static water level: **38'** ft. below land surface measured on **1** month **5** day **1980** year  
 Pump Test Data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield **1/2** gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

TYPE OF BLANK CASING USED:  
 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. **X**  
 Blank casing dia: **7"00** 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) 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 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. to . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft. to . . . . . ft. to . . . . . ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grouted Intervals: From **60** ft. to **42** ft., From **38** ft. to **3** 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

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was  
 completed on . . . . . month . . . . . day . . . . . year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **203**  
 This Water Well Record was completed on . . . . . month . . . . . day . . . . . year under the business  
 name of **M-Nee Drilling** by (signature) **J. M. Nee** **1980**



LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		LITHOLOGIC LOG	
FROM	TO	FROM	TO	FROM	TO
		Scaled Down Casing Full of Holes Cut Off			
		4' Below Surface			
97	60				
60	42				
		Fill lime screenings + Plastic Plug			
42	38				
		Screenings			
38	3'				
		Neat Cement			

Depth(s) Groundwater Encountered 1. **68** 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.