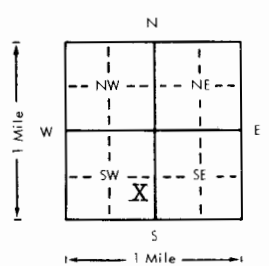


LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <b>Butler</b>		NE 1/4 SE 1/4 SW 1/4		29		T 25 S		R 6E E/W	
Distance and direction from nearest town or city? <b>5 Miles NE of El Dorado</b>				Street address of well if located within city?					
WATER WELL OWNER: <b>Tulsa District Corps of Engineers</b>				Board of Agriculture, Division of Water Resources					
R#, St. Address, Box # : <b>PO Box 61</b>				Application Number:					
City, State, ZIP Code : <b>Tulsa, Oklahoma 74121</b>									
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									
Test Yield gpm: Well water was.....ft. after.....hours pumping.....gpm									
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		Sandstone.....Threaded.....	
Blank casing 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:				7 PVC		10 Asbestos-cement			
1 Steel				3 Stainless steel		5 Fiberglass		8 RMP (SR)	
2 Brass				4 Galvanized steel		6 Concrete tile		9 ABS	
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.									
Gravel Pack Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From.....ft. to.....ft.									
GROUT MATERIAL:				1 Neat cement		2 Cement grout		3 Bentonite	
Grouted Intervals: 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	
2 Sewer lines				5 Seepage pit		8 Feed yard		12 Insecticide storage	
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.....									
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.....February.....month.....9th.....day.....1981.....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.....1981.....year under the business name of.....by (signature) Mary Gentry									
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM	
									
LEVATION:									
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.									