

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Butler		SW 1/4 NW 1/4 NW 1/4	30	T 25 S	R 6 E
Distance and direction from nearest town or city? 1 NE Eldorado.			Street address of well if located within city?		

2 WATER WELL OWNER: US GOLF.		Board of Agriculture, Division of Water Resources Application Number: W-90
RR#, St. Address, Box #: Box 222 City, State, ZIP Code: Eldorado 67042		

3 DEPTH OF COMPLETED WELL: 40 ft. Bore Hole Diameter: 6 in. to ft., and in. to ft.																					
Well Water to be used as: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>3 Feedlot</td> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>6 Oil field water supply</td> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> </tr> <tr> <td colspan="5">7 Lawn and garden only</td> </tr> <tr> <td colspan="5">10 Observation well</td> </tr> </table>		1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well	2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)	7 Lawn and garden only					10 Observation well				
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Well's static water level: 21' ft. below land surface measured on 12 month 27 day 79 year																					
Pump Test Data: 12-15 gpm: Well water was ft. after hours pumping. gpm																					
Est. Yield 12-15 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	7 in.	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:				
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	13 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.				

5 GROUT MATERIAL: 1 Neat cement		2 Cement grout	3 Bentonite	4 Other
Grouted Intervals: From 3' ft. to 30' 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 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 12 month 27 day 1979 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 12 month 28 day 1979 year under the business name of McNee Drilling by (signature) John McNee	

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
			Open Hole to 40' TD. Rock Back to 30' Run Plastic Plug. Neat Cement to 3' Pulled old casing			Produced From Vugular lime

ELEVATION:	
Depth(s) Groundwater Encountered 1. 33 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.