

1 LOCATION OF WATER WELL: County: <u>Butler</u>		Fraction <u>NW 1/4 SW 1/4 SW 1/4</u>		Section Number <u>28</u>		Township Number <u>T 25 S</u>		Range Number <u>R 7 E</u>						
Distance and direction from nearest town or city street address of well if located within city? <u>Charles East of El Dorado 1 mile North, 1/4 East, 1/4 North</u>														
2 WATER WELL OWNER: <u>Lester Franta</u> RR#, St. Address, Box #: <u>1156 NE Grant Rd</u> City, State, ZIP Code: <u>El Dorado, KS 67042</u>						Board of Agriculture, Division of Water Resources Application Number:								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION:										
				Depth(s) Groundwater Encountered 1. <u>68</u> ft. 2. _____ ft. 3. _____ ft.										
				WELL'S STATIC WATER LEVEL <u>32</u> ft. below land surface measured on mo/day/yr <u>3-11-99</u>										
				Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm										
				Est. Yield <u>327</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm										
Bore Hole Diameter <u>10</u> in. to <u>80</u> ft., and _____ in. to _____ ft.				WELL WATER TO BE USED AS:										
1 Domestic				3 Feedlot		6 Oil field water supply		9 Dewatering		11 Injection well				
2 Irrigation				4 Industrial		7 Lawn and garden only		10 Monitoring well		12 Other (Specify below)				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____														
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____														
5 TYPE OF BLANK CASING USED:														
1 Steel			3 RMP (SR)			5 Wrought iron			8 Concrete tile			CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____		
2 PVC			4 ABS			6 Asbestos-Cement			9 Other (specify below)			Welded _____		
Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			7 Fiberglass									Threaded _____		
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 21</u>														
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)		
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-PERFORATED INTERVALS:														
From <u>60</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.														
GRAVEL PACK INTERVALS:														
From <u>22</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.														
From _____ ft. to _____ ft., From _____ ft. to _____ ft.														
6 GROUT MATERIAL:														
1 Neat cement			2 Cement grout			3 Bentonite			4 Other _____					
Grout 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 Lateral lines			7 Pit privy			10 Livestock pens			14 Abandoned water well		
2 Sewer lines			5 Cess pool			8 Sewage lagoon			11 Fuel storage			15 Oil well/Gas well		
3 Watertight sewer lines			6 Seepage pit			9 Feedyard			12 Fertilizer storage			16 Other (specify below) <u>Stew Area</u>		
Direction from well? <u>NE</u>														
How many feet? <u>20</u>														
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-11-99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1464</u> This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>Water Well Services</u> by (signature) <u>[Signature]</u>														
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.														

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