


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Butler	SE $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	31	T 25 S	R 7 E

Distance and direction from nearest town or city street address of well if located within city?

4 mile E - 4 mile N - 5 mile E of Eldorado Kan
[2] WATER WELL OWNER: Amel Barnnie Wichita Kan 67212
RR#, St. Address, Box #: 24 N. 7th
City, State, ZIP Code: 24 N. 7th
Board of Agriculture, Division of Water Resources
Application Number:

3	LOCATE WELL'S LOCATION WITH	4	DEPTH OF COMPLETED WELL	ft. ELEVATION:
---	-----------------------------	---	-------------------------	----------------

AN "X" IN SECTION BOX: 

Depth(s) Groundwater Encountered 1. 31.90 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield gpm. Well water was ft. after hours pumping gpm

Bore Hole Diameter. 9 1/2 in. to ft., and in. to ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Domestic (lawn & garden)	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 10 Monitoring well				

Was a chemical/bacteriological sample submitted to Department? Yes. No. ☒ ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes ☒ No

5	TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued. <input checked="" type="checkbox"/> Clamped. <input type="checkbox"/>
---	----------------------------	----------------	-----------------	---

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
2 PVC	4 ABS	7 Fiberglass		Threaded

Blank casing diameter 3 in. to 10 ft. Dia. in. to ft. Dia. in. to ft.

Casing height above land surface. 18 in., weight 160 lbs./ft. Wall thickness or gauge No. 12 1/4

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Absorbent cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 Other (specify)
				13 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	ft.

SCREEN-PERFORATED INTERVALS: From 70 ft. to 187 ft., 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. From ft. to ft.

2	CROUT MATERIAL:	1 Neat cement	2 Cement-sand	6.5 Anterite	1 Other
---	-----------------	---------------	---------------	--------------	---------

6] GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From . . . 3 . . . ft. to . . . 23 . . . ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
---------------	-----------------	-------------	-----------------	----------------------

2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
---------------	-------------	-----------------	-----------------------	--------------------------

3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage
--------------------------	---------------	------------	------------------------	-------

Direction from well? *NW* How many feet? *350*

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
------	----	----------------	------	----	--------------------

FROM	TO	INTERVIEW DATE	FROM	TO	INTERVIEW DATE
A	4	5-11			

0	1	2015			
11	15	2015			

11/11	60	194			
-------	----	-----	--	--	--

10	30	Chay			
11	31	Chay			

30/8/2018	Shayethime			
-----------	------------	--	--	--

[illegible][illegible][illegible][illegible][illegible][illegible]

--	--	--	--	--	--

[illegible][illegible][illegible]

7. CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was

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 10/20/93 and this record is true to the best of my knowledge and belief. Kansas

completed on (month/day/year) 11/27/2011 and this record is true to the best of my knowledge and belief. Kansas
 Notary Public in and for the State of Kansas My Comm. Expires 11/27/2013

Water Well Contractor's License No. 14971 This Water Well Record was completed on (mo/day/yr) 10/17/2010

under the business name of Winter Well Drilling by (signature) Charles Winter

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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.
