

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Butler</u>		<u>NE 1/4 SW 1/4 NE 1/4</u>	<u>2</u>	T <u>26</u> S	R <u>5</u> <u>Q/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2nd : Main, El Dorado</u> <u>NB-MW-9R</u>					
2 WATER WELL OWNER: <u>James Lang LaSalle</u>					
RR#, St. Address, Box # : <u>202 N. Main</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>El Dorado, KS</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>20</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 <u>14.5</u> 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 <u>8.25</u> in. to _____ ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
1 Domestic 3 Feed lot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 9 Dewatering 12 Other (Specify below)					
10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>X</u>					
5 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 <u>X</u>					
Blank casing diameter <u>2</u> in. to <u>9</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>56 40</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) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 2 Mill slot 3 Gauzed wrapped 4 Saw cut 5 None (open hole) 6 Louvered shutter 7 Key punched 8 Wire wrapped 9 Drilled holes 10 Other (specify) _____ 9 Torch cut					
SCREEN-PERFORATED INTERVALS:					
From <u>9</u> ft. to <u>19</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>7</u> ft. to <u>19</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 <u>0.5</u> ft. to _____ ft. From <u>7</u> 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) _____ 13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	0.25		Concrete		
0.25	7	CI	Clay, rusty brown, to soft, soft		
7	10	CI	Clay, lt. brown to tan, soft		
10	17	CI	Clay, lt. brown, silty, soft		
17	19.5	CI	Clay, gn brown, soft, damp		
19.5	20	CI	Clay olive green, silty, v. soft		
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/yr) <u>12/13/06</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>531</u>			This Water Well Record was completed on (mo/day/yr) <u>12/26/06</u>		
under the business name of <u>Geotechnical Services, Inc</u>			by (signature) <u>[Signature]</u>		
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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