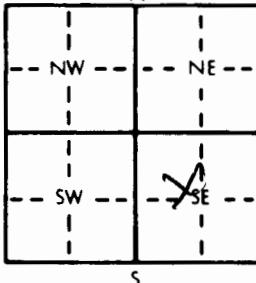


1 LOCATION OF WATER WELL:		Fraction County: BUTLER	Section Number 2	Township Number T 26 S	Range Number R 5 EW
Distance and direction from nearest town or city street address of well if located within city? 410' E + 45' S of the center of Olive + Main					
2 WATER WELL OWNER:		LEWIS AND WEST			
RR#, St. Address, Box #:		400 S. MAIN			
City, State, ZIP Code:		EL DORADO, KS			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					
4 DEPTH OF COMPLETED WELL:		24 ft. ELEVATION: _____			
Depth(s) Groundwater Encountered 17.87 15 ft. 2. _____ ft. 3. _____ ft.					
WELL'S STATIC WATER LEVEL 17.87 ft. below land surface measured on mo/day/yr 12/10/92					
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 _____ 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 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: Casing joints: Glued _____ Clamped _____					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter 2 in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.		7 Fiberglass		9 Other (specify below)	
Casing height above land surface Flush 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
6 TYPE OF SCREEN OR PERFORATION MATERIAL: Casing joints: Welded _____ Threaded _____					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
7 PVC 10 Asbestos-cement					
5 Gauzed wrapped 11 Other (specify) _____					
6 Wire wrapped 12 None used (open hole) _____					
7 Torch cut 10 Other (specify) _____					
SCREEN OR PERFORATION OPENINGS ARE: 8 Saw cut 11 None (open hole) _____					
1 Continuous slot		3 Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 14 ft. to 23 ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 12 ft. to 24 ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
7 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From 0 ft. to 12 ft., From 12 ft. to 14 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
11 Fuel storage 15 Oil well/Gas well					
12 Fertilizer storage 16 Other (specify below) USTs					
13 Insecticide storage					
How many feet?					
FROM 0 TO 5		LITHOLOGIC LOG		FROM _____ TO _____ PLUGGING INTERVALS	
.5 15 15 24		Topsoil BACKFILL (concrete, gravel, soil, etc.) CLAY, DARK GRAY			
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) 12/3/92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 483 This Water Well Record was completed on (mo/day/year) _____ by (signature) Charter Harper					
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.					