

1 LOCATION OF WATER WELL:	Fraction County: Butler	5 1/2 SE 1/4 NW 1/4	Section Number 5	Township Number T 26 S	Range Number R 5 E
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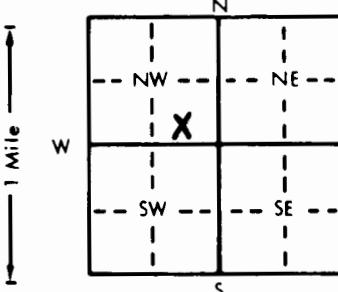
Distance and direction from nearest town or city street address of well if located within city?

CHECK POINT LOCATION - EL DORADO

2 WATER WELL OWNER:	KANSAS TURN PIKE
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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	13	ft. ELEVATION:	—
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Depth(s) Groundwater Encountered 1. **—** ft. 2. **—** ft. 3. **—** ft.WELL'S STATIC WATER LEVEL **—** ft. below land surface measured on mo/day/yrPump test data: Well water was **—** ft. after **—** hours pumping **—** gpmEst. Yield **—** gpm: Well water was **—** ft. after **—** hours pumping **—** gpmBore Hole Diameter **6** 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 **X**; If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes **—** No **X**

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued — Clamped —
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1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded **—**2 PVC 4 ABS 7 Fiberglass Threaded **X**Blank casing diameter **2** in. to **TD** ft. Dia **—** in. to **—** ft. Dia **—** in. to **—** ft.Casing height above land surface **0** in., weight **—** lbs./ft. Wall thickness or gauge No. **sch 40**

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:

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 PVC10 Other (specify) **—**SCREEN-PERFORATED INTERVALS: From **3** ft. to **13** ft., From **—** ft. to **—** ft.From **—** ft. to **—** ft., From **—** ft. to **—** ft.GRAVEL PACK INTERVALS: From **2** ft. to **13** ft., From **—** ft. to **—** ft.**3****13**From **—** ft. to **—** ft., From **—** ft. to **—** ft.

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

13 Insecticide storage

How many feet?

Direction from well?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
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0	4	DK BK CLAY			
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4	7	Ls, hard, interbedded, soft			
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7	13	Ls, HARD			
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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) **11-90** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **524** This Water Well Record was completed on (mo/day/yr) **12-15-90**under the business name of **ALLIED LAB** by (signature) **Richard J. Clegg**

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.