

1	LOCATION OF WATER WELL: County: Butler	Fraction SW_{1/4} NW_{1/4} NE_{1/4}	Section Number 19	Township Number 26	Range Number 6	_____																								
Distance and direction from nearest town or city street address of well if located within city? City of El Dorado is 3 miles NODNW																														
2	WATER WELL OWNER: City of El Dorado	RR #, St. Address, Box #: PO Box 792 City, State, ZIP Code : El Dorado, KS 67042					Board of Agriculture, Division of Water Resources Application Number: MWI																							
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<table border="1" style="margin-left: 100px;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td style="text-align: center;">X</td><td>NE</td></tr> <tr><td>NW</td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td>S</td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td></tr> </table>										X	NE	NW			W			SW		SE	S			E				
	X	NE																												
NW																														
W																														
SW		SE																												
S																														
E																														
4	DEPTH OF WELL 15' ft.	WELL'S STATIC WATER LEVEL 5.11 ft.																												
WELL WAS USED AS:																														
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">1 Domestic</td><td style="width: 33%;">5 Public Water Supply</td><td style="width: 33%;">9 Dewatering</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr> <tr><td>3 Feedlot</td><td>7 Domestic (Lawn & Garden)</td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr> </table>							1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other												
1 Domestic	5 Public Water Supply	9 Dewatering																												
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well																												
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well																												
4 Industrial	8 Air Conditioning	12 Other																												
Was a chemical / bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted																														
Water Well Disinfected: Yes No X																														
5	TYPE OF BLANK CASING USED:																													
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 16.6%;">1 Steel</td><td style="width: 16.6%;">3 RMP (SR)</td><td style="width: 16.6%;">5 Wrought</td><td style="width: 16.6%;">7 Fiberglass</td><td style="width: 16.6%;">9 Other (Specify below)</td></tr> <tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td colspan="3">.....</td></tr> </table>							1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile														
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)																										
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																										
Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 15'																														
Casing height above or below land surface 0 in.																														
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																													
Grout Plug Intervals: From 3 ft. to 15' ft., From ft. to ft., From to ft.																														
What is the nearest source of possible contamination:																														
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">1 Septic tank</td><td style="width: 33%;">6 Seepage pit</td><td style="width: 33%;">9 Fuel storage</td></tr> <tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>10 Fertilizer storage</td></tr> <tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>11 Insecticide storage</td></tr> <tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>12 Abandoned water well</td></tr> <tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>13 Oil well/Gas well</td></tr> </table>							1 Septic tank	6 Seepage pit	9 Fuel storage	2 Sewer lines	7 Pit privy	10 Fertilizer storage	3 Watertight sewer lines	8 Sewage lagoon	11 Insecticide storage	4 Lateral lines	9 Feedyard	12 Abandoned water well	5 Cess pool	10 Livestock pens	13 Oil well/Gas well									
1 Septic tank	6 Seepage pit	9 Fuel storage																												
2 Sewer lines	7 Pit privy	10 Fertilizer storage																												
3 Watertight sewer lines	8 Sewage lagoon	11 Insecticide storage																												
4 Lateral lines	9 Feedyard	12 Abandoned water well																												
5 Cess pool	10 Livestock pens	13 Oil well/Gas well																												
16 Other (specify below)																														
Direction from well? W How many feet? 5-10																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr> </thead> <tbody> <tr><td>0</td><td>15</td><td>Bentonite</td></tr> <tr><td>0</td><td>3</td><td>Soil</td></tr> <tr><td>3</td><td>15</td><td>Bentonite</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>							FROM	TO	PLUGGING MATERIALS	0	15	Bentonite	0	3	Soil	3	15	Bentonite												
FROM	TO	PLUGGING MATERIALS																												
0	15	Bentonite																												
0	3	Soil																												
3	15	Bentonite																												
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/29/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 6/29/05 under the business name of Larsen & Associates, Inc. by (signature) Kelly Dunn																													

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.