

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Butler	SW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	19	26	6 <input checked="" type="radio"/> EW

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

City of El Dorado is 3 miles Northwest

2	WATER WELL OWNER:	City of El Dorado	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #:	PO Box 792	Application Number:
	City, State, ZIP Code:	El Dorado, KS 67042	MWI

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 15' ..... ft.
			WELL'S STATIC WATER LEVEL ..... 5.11 ..... ft.
			WELL WAS USED AS:
			1 Domestic      5 Public Water Supply      9 Dewatering 2 Irrigation    6 Oil Field Water Supply    10 <input checked="" type="radio"/> 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 <input checked="" type="radio"/> .....
			If yes, mo/day/yr sample was submitted .....
			Water Well Disinfected: Yes ..... No <input checked="" type="radio"/> .....

5	TYPE OF BLANK CASING USED:
	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 <input checked="" type="radio"/> ..... 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	<input checked="" type="radio"/> 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:				
	1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below) 2 Sewer lines    7 Pit privy        12 Fertilizer storage 3 Watertight sewer lines    8 Sewage lagoon    13 Insecticide storage 4 Lateral lines      9 Feedyard        14 Abandoned water well 5 Cess pool        10 Livestock pens   15 Oil well/Gas well				
	Direction from well? ..... W .....      How many feet? ..... 5-10 .....				

FROM	TO	PLUGGING MATERIALS
<del>0</del>	<del>15</del>	<del>Bentonite</del>
0	3	Soil
3	15	Bentonite

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/29/05 757 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6/29/05 This Water Well Record was completed on (mo/day/year) under the business name of Larsen & Associates, Inc. by (signature) Kelly Anna
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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.