

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																												
County: Butler		NE 1/4 NE 1/4 SW 1/4	4	26 South	6 East																												
Distance and direction from nearest town or city street address of well if located within city? Southwest of Cassoday 9 Miles																																	
2 WATER WELL OWNER: Tim Donges 2823 SE US HWY 54 RR#, St. Address, Box #: Board of Agriculture, Division of Water Resources City, State, ZIP Code :El Dorado KS 67042 Application Number: NA																																	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL.....40.....ft. WELL'S STATIC WATER LEVEL....20.....ft. WELL WAS USED AS:																															
<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td colspan="2">N W</td> <td colspan="2">N E</td> </tr> <tr> <td>W</td> <td>X</td> <td></td> <td>E</td> </tr> <tr> <td colspan="2">S W</td> <td colspan="2">S E</td> </tr> <tr> <td colspan="4">S</td> </tr> </table>		N W		N E		W	X		E	S W		S E		S				<table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/> Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table>				<input checked="" type="checkbox"/> Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="checkbox"/> Feedlot	7 Lawn and Garden Only	11 Injection Well	<input type="checkbox"/> Industrial	8 Air Conditioning	12 Other.....
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Was a chemical/bacteriological sample submitted to Department? Yes....No ^X ... If yes, mo/day/yr sample was submitted.....																																	
Water Well Disinfected: Yes ^X ... No.....																																	
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 Rock Lining - Hand Dug Well																																	
Blank casing diameter.....48.....in. Was casing pulled? Yes ^X No..... If yes, how much.....5' Casing height above or below land surface.....60.....in.																																	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....																																	
Grout Plug Intervals: From 4.5.....ft. to 5.....ft., From.....ft. toft., From..... toft.																																	
What is the nearest source of possible contamination:																																	
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Direction from well? <u>West</u> How many feet? <u>250'</u>																																	
FROM	TO	PLUGGING MATERIALS																															
40'	20"	Sand/Chlorine																															
20"	5'	Subsoil/Clay Balls																															
5'	4.5'	Bentonite																															
4.5'	0	Topsoil																															
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) December 14, 2010..... under the business name of Donges Properties/Butler Co Conservation District by (signature) <u>Sandra Koontz</u> Sandra Koontz, Water Quality Coordinator, BCCD.....																																	

Kansas Dept. of Health & Environment
Bureau of Water - Geology Section
1000 SW Jackson Street, Suite 420
Topeka KS 66612-1367

3 Copies to KDHE
1 Copy to Well Owner
1 Copy to Contractor