

1 LOCATION OF WATER WELL  
 County: Butler Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 4 Township Number: T 26 S Range Number: R 6

Distance and direction from nearest town or city? 2E - 1/2 NE Eldorado Street address of well if located within city?

2 WATER WELL OWNER: Murray Webb  
 RR#, St. Address, Box #: RR-2  
 City, State, ZIP Code: Eldorado ks 67042  
 Board of Agriculture, Division of Water Resources  
 Application Number: NA

3 DEPTH OF COMPLETED WELL: 100 ft. Bore Hole Diameter: 12 in. to 100 ft. and ..... in. to ..... ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawns and garden only 10 Observation well  
 Well's static water level: 4.6 ft. below land surface measured on 4 month 10 day 8.1 year  
 Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 1/2 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued X Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded .....  
 Blank casing dia: 8" in. to 19" ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: 12" in., weight ..... lbs./ft. Wall thickness or gauge No: 3/8  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) .....  
 9 ABS 12 None used (open hole) 2  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) .....  
 Screen-Perforation Dia: ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Screen-Perforated Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft. to ..... ft.  
 Gravel Pack Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft. to ..... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grouted Intervals: From 18 ft. to 5 ft. From ..... ft. to ..... ft. to ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)  
 Direction from well: 1/2 W How many feet: 150 ? Water Well Disinfected? Yes X No  
 Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes No  
 If Yes: Pump Manufacturer's name ..... Model No. .... HP ..... Volts  
 Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 3 month 20 day 81 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 203  
 This Water Well Record was completed on 4 month 21 day 81 year under the business name of McNee Drilling by (signature) J. J. J. J.

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Cl. Brn.	79	84	Sh Green
2	5	LS weathered y	84	88	Sh Red
5	19	LS Brn w-chert.	88	94	LS lt Grey
19	21	Sh Olive	94	100	Sh dk Grey
21	31	LS Buff Med.			TD 100
31	52	LS Cream w chert.			
52	66	LS Brn w chert.			
66	79	Sh Calc Grey.			

ELEVATION:  
 Depth(s) Groundwater Encountered 1. 60 ft. 2. 88 ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.