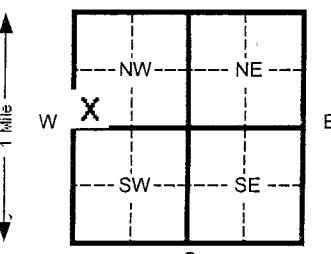


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: Butler		SW ¼ SW ¼ NW ¼	22		T 27 S		R 4 EW	
Distance and direction from nearest town or city street address of well if located within city? ~300' West 1315 Money Street								
2 WATER WELL OWNER:		KANEB Pipeline						
RR#, St. Address, Box #		1624 West Sunset Road						
City, State, ZIP Code		El Dorado, KS 67042						
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 16 ft. ELEVATION:						
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.5 in. to 16 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X						
5 TYPE OF BLANK CASING USED:								
1 Steel			3 RMP (SR)			5 Wrought Iron		
2 PVC			4 ABS			6 Asbestos-Cement		
Blank casing diameter 2 in. to 6 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			7 Fiberglass			8 Concrete tile		
Casing height above land surface 36 in., weight 0.703 lbs./ft. Wall thickness or gauge No. Sch. 40			CASING JOINTS: Glued _____ Clamped _____			Welded _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:			7 PVC			10 Asbestos-cement		
1 Steel			3 Stainless steel			8 RMP (SR)		
2 Brass			4 Galvanized steel			11 Other (specify) _____		
SCREEN OR PERFORATION OPENINGS ARE:			5 Gauged wrapped			12 None used (open hole)		
1 Continuous slot			6 Wire wrapped			8 Saw cut		
2 Louvered shutter			7 Torch cut			9 Drilled holes		
SCREEN-PERFORATED INTERVALS: From 6 ft. to 16 ft. From _____ ft. to _____ ft.			10 Other (specify) _____			11 None (open hole)		
GRAVEL PACK INTERVALS: From 4 ft. to 16 ft. From _____ ft. to _____ ft.			12 None used (open hole)			13 None (open hole)		
6 GROUT MATERIAL:								
1 Neat cement			2 Cement grout			3 Bentonite		
Grout Intervals From 1 ft. to 4 ft. From _____ ft. to _____ ft.			4 Other _____			5 Other _____		
What is the nearest source of possible contamination:								
1 Septic tank			4 Lateral lines			7 Pit privy		
2 Sewer lines			5 Cess pool			8 Sewage lagoon		
3 Watertight sewer lines			6 Seepage pit			9 Feedyard		
10 Livestock pens			14 Abandoned water well			15 Oil well/ Gas well		
11 Fuel storage			12 Fertilizer storage			16 Other (specify below) _____		
13 Insecticide storage			17 Other (specify below) _____			18 Other (specify below) _____		
Direction from well? _____ How many feet? _____								
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
0 7.5 Clay brown								
7.5 16 Weathered clay shale								
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/yr) 08/07/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 9-29-03 under the business name of Geotechnical Services Inc. by (signature) <i>[Signature]</i>								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								