

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Butler		NW 1/4 NE 1/4 NW 1/4	28	26	5 E																																				
Distance and direction from nearest town or city street address of well if located within city?																																									
2	WATER WELL OWNER:	Butler County Landfill 2963 SW 40th Street Board of Agriculture, Division of Water Resources																																							
RR#, St. Address, Box #: City, State, ZIP Code :		El Dorado KS 67042 Application Number:																																							
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL.....14 ft. WELL'S STATIC WATER LEVEL.....3 ft. WELL WAS USED AS: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td><td>E</td></tr> </table> <table style="display: inline-table; vertical-align: middle;"> <tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>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 Lawn and Garden Only</td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr> </table>								N			E					W								S			E	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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Was a chemical/bacteriological sample submitted to Department? Yes.....No. <input checked="" type="checkbox"/>																																									
If yes, mo/day/yr sample was submitted.....																																									
Water Well Disinfected: Yes.....No. <input checked="" type="checkbox"/>																																									
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 Corrugated Pipe..... Blank casing diameter.....5 in. Was casing pulled? Yes..... No. <input checked="" type="checkbox"/> If yes, how much..... Casing height above or below land surface.....7. Feet....in.																																									
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....																																								
Grout Plug Intervals: From 11 ft. to 10.5 ft., From 8 ft. to 7.5 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 Landfill..... 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? How many feet?																																									
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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) 27 November 2006..... under the business name of by (signature) <i>Deanne Hollis</i>																																								

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