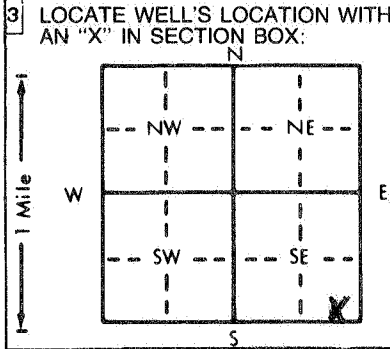


1 LOCATION OF WATER WELL: County: Lyon Fraction: SE 1/4 SE 1/4 SE 1/4 Section Number: 1 Township Number: T 18 18 S Range Number: R 11 18 E/W

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

2 WATER WELL OWNER: FRANCIS BRUCE Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: R.R. 2, Box 56A Application Number:  
 City, State, ZIP Code: EMPORIA, KS 66801



4 DEPTH OF COMPLETED WELL: 32 ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered: 11 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: 21 ft. below land surface measured on mo/day/yr 10-4-93  
 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 ..... in. to ..... ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well .....  
 Was a chemical/bacteriological sample submitted to Department? Yes.....  No.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected?  Yes  No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement  9 Other (specify below) Welded .....  
 2 PVC 4 ABS 7 Fiberglass ROCK (HAND DRUG) Threaded.....  
 Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS  12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut  11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Stone Casing  
 Grout Intervals: From 32 ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well  
 2 Sewer lines  Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage  
 Direction from well? NORTH How many feet? 135

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>32'</u>	<u>10'</u>	<u>Casing stone</u>
			<u>10'</u>	<u>6'</u>	<u>Gravel &amp; Compacted Clay</u>
			<u>6'</u>	<u>5'</u>	<u>Concrete</u>
			<u>5'</u>	<u>0'</u>	<u>Compacted Clay &amp; topsoil</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 10-4-93 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/yr) 10-4-93 under the business name of ..... by (signature) Francis Bruce

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.