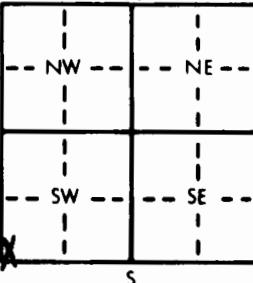


1 LOCATION OF WATER WELL: County: BUTLER 008	Fraction SW 1/4 SW 1/4 SW 1/4	Section Number 24	Township Number T 26 S	Range Number R 4 E EW																															
Distance and direction from nearest town or city street address of well if located within city? 1 1/2 East of Santa Fe Lake Road, 1/8 North of 45th North Towanda, KS.																																			
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	Leon Trammel 1020 E. 19th St. Wichita, KS. 67214				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.....78..... ft. ELEVATION: ft.																														
Depth(s) Groundwater Encountered 1.....37..... ft. 2..... ft. 3..... ft.	WELL'S STATIC WATER LEVEL37..... ft. below land surface measured on mo/day/yr				9-21-87.....																														
Pump test data: Well water was ft. after hours pumping gpm	Est. Yield gpm: Well water was ft. after hours pumping gpm			 ft.																														
Bore Hole Diameter11..... in. to ft., and in. to ft.	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				12 Other (Specify below)																														
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering	2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well																																		
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>																														
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS	5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)Cer-Mac Styrene SDR-26	CASING JOINTS: Glued ..W.. Clamped..... Welded..... Threaded.....																																
Blank casing diameter5..... in. to50..... ft., Dia..... in. to ft., Dia..... in. to ft.	7 PVC				10 Asbestos-cement																														
Casing height above land surface.....12..... in., weight1.59..... lbs./ft. Wall thickness or gauge No.203.....	8 RMP (SR)				11 Other (specify)																														
6 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile	9 ABS	5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	10 Other (specify)	12 None used (open hole)	11 None (open hole)																														
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched	7 PVC	8 Saw cut 9 Drilled holes 10 Other (specify)	11 None (open hole)	12 None used (open hole)	13 Insecticide storage																														
SCREEN-PERFORATED INTERVALS: From.....50..... ft. to78..... ft., From..... ft. to ft., From..... ft. to ft.	10 Other (specify)	14 Abandoned water well																																	
GRAVEL PACK INTERVALS: From.....24..... ft. to78..... ft., From..... ft. to ft., From..... ft. to ft.	11 Fuel storage	15 Oil well/Gas well																																	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	12 Fertilizer storage	16 Other (specify below)																																	
Grout Intervals: From.....4..... ft. to24..... ft., From..... ft. to ft., From..... ft. to ft.	13 Insecticide storageNone Apparent.....																																	
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage																																			
Direction from well? <table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>Topsoil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>11</td><td>1/ Clay</td><td></td><td></td><td></td></tr><tr><td>11</td><td>53</td><td>Brown Shale</td><td></td><td></td><td></td></tr><tr><td>53</td><td>75</td><td>19 Gray Shale</td><td></td><td></td><td></td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	3	Topsoil				3	11	1/ Clay				11	53	Brown Shale				53	75	19 Gray Shale			
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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/year) ..9-21-87..... and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No.236..... This Water Well Record was completed on (mo/day/yr) ..3-31-88.....

under the business name of Harp Well & Pump Service, Inc. by (signature) Mary Arnold

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.