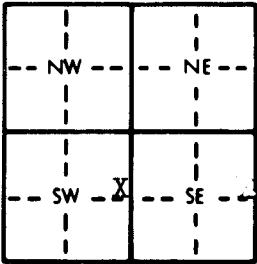


1 LOCATION OF WATER WELL: Fraction **SE 1/4 NE 1/4 SW 1/4** Section Number **3** Township Number **T 24 S** Range Number **R 18W E/W**
 County: **Edwards**

Distance and direction from nearest town or city street address of well if located within city?
2 W, 3 N of Lewis, Kansas

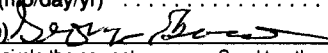
2 WATER WELL OWNER: **Britton Trust** **Abercrombie Drilling** **Britten Trust #1**
 RR#, St. Address, Box #: **Lewis, Ks.** **801 Union Center** **Board of Agriculture, Division of Water Resources**
 City, State, ZIP Code: **67552** **Wichita, Kansas 67202** Application Number: **T87-394**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **80** ft. ELEVATION: **Unknown**
 Depth(s) Groundwater Encountered: **1.45** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **45** ft. below land surface measured on **mo/day/yr** **9/18/87**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **60** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **8** in. to **80** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: **5** Public water supply **8** Air conditioning **11** Injection well
1 Domestic **3** Feedlot **6** Oil field water supply **9** Dewatering **12** Other (Specify below)
2 Irrigation **4** Industrial **7** Lawn and garden only **10** Observation 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 _____ **Threaded** _____
 Blank casing diameter: **5** in. to **60** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **Sch. 40**
 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 **60** ft. to **80** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **80** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: **1** Neat cement **2** Cement grout **3** Bentonite **4** Other _____
 Grout Intervals: From **0** ft. to **20** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
1 Septic tank **4** Lateral lines **7** Pit privy **10** Livestock pens **14** Abandoned water well
2 Sewer lines **5** Cess pool **8** Sewage lagoon **11** Fuel storage **15** Oil well/Gas well
3 Watertight sewer lines **6** Seepage pit **9** Feedyard **12** Fertilizer storage **16** Other (specify below)
13 Insecticide storage _____
 Direction from well? **South** How many feet? **60**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|----|-----------------|------|----|----------------|
| 0 | 20 | Clay | | | |
| 20 | 80 | Sand and gravel | | | |
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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) **9/18/87** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186**. This Water Well Record was completed on (mo/day/yr) **11/16/87** under the business name of **Kelly's Water Well Service** by (signature) 

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.

OFFICE USE ONLY T 24 R 18 E/W SEC. 3 SE 1/4 NE 1/4 SW 1/4