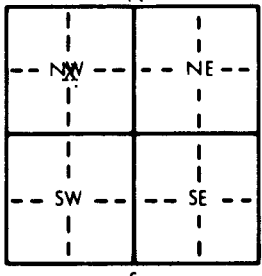


1 LOCATION OF WATER WELL: Fraction Near Center Section Number 24 Township Number T 27 S Range Number R 18 EW
 County: Kiowa $\frac{1}{4}$ $\frac{1}{4}$ NW $\frac{1}{4}$

Distance and direction from nearest town or city street address of well if located within city?
Approx. 2 1/2 miles east and 5 3/4 miles north of Greensburg, KS

2 WATER WELL OWNER: Dave Lewis
 RR#, St. Address, Box # : 1075 Cold Springs Road Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Santa Barbara CA 93108 Application Number: 35,235

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF COMPLETED WELL: 102 ft. ELEVATION: unknown
 Depth(s) Groundwater Encountered 1. 17 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 17 ft. below land surface measured on mo/day/yr 8/7/81
 Pump test data: Well water was not ck'd ft. after _____ hours pumping _____ gpm
 Est. Yield 1000 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 24 in. to 102 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 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 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded X
 7 Fiberglass _____ Threaded _____
 Blank casing diameter 16 in. to 62 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 31.75 lbs./ft. Wall thickness or gauge No. ~~XXXXX~~ 7 ga.
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) Doerr Bridge Slot
 SCREEN-PERFORATED INTERVALS: From 62 ft. to 102 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 10 ft. to 102 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 10 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 _____ FIELD
 Direction from well? all How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Sandy topsoil			
3	10	Tan sandy clay			
10	24	Fine sand & gravel, some med. clay streaks 18'-20'			
24	45	Fine-med. sand & gravel			
45	53	Yellow & gray clay w/limestone strks			
53	65	Med.-coarse sand & gravel			
65	90	Fine-med. sand & gravel, clay strks 65-68'			
90	96 96	Med.-coarse sand & gravel			
96	100	Fine sand			
100	102	Brown & gray clay			

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) 8/7/81 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/yr) 9/24/81 under the business name of Clarke Well & Equipment, Inc. by (signature) [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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 27
R 18
EW
SEC.
24
C
1/4