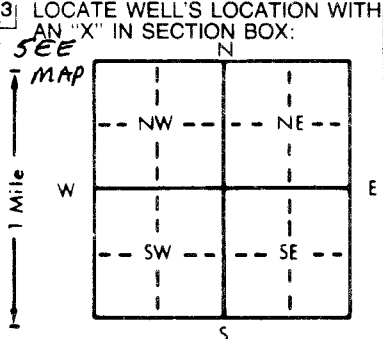


VAPOR

1 LOCATION OF WATER WELLS	Fraction	Section Number	Township Number	Range Number
County: SEWARD	NW 1/4 SW 1/4 NE 1/4	36	T 34 S	R 34 E

Distance and direction from nearest town or city street address of well if located within city?
 Airport Industrial Park Plat: Block 26, Lot 17 Liberal, KS 67901

2 WATER WELLS OWNER: Lyddon Aerial Center - Bill Lyddon (TANK OWNER)
 RR#, St. Address, Box #: P.O. Box 943
 City, State, ZIP Code: Liberal, KS 67905-0943
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELLS: SEE LOG ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. NONE ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr N/A

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: FOUR in. to THREE in. and 2.25 in. to SEE WELL LOG ft.

WELLS WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

WATER WELLS

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:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)
		7 Fiberglass	

Blank casing diameter 1.5 in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.

Casing height above land surface 0 in., weight 0 lbs./ft. Wall thickness or gauge No. Schd. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
			10 Asbestos-cement
			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
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes
		7 Torch cut	10 Other (specify)

SCREEN-PERFORATED INTERVALS: From SEE LOG ft. to SEE LOG ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From N/A ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 0 to THREE 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	Always within 1 Foot

Direction from well? SEE MAP How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
SURFACE		SEE WELL LOG ATTACHED			N/A

RECEIVED

DEC 25 1991

BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: These water wells were (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 09/04/91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 544 This Water Well Record was completed on (mo/day/yr) 09/11/91 under the business name of VAPOR WELL SYSTEMS by (signature) Steve Osborn

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.

SEP 3 REC'D By VWS