

G06-28

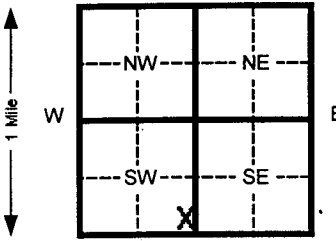
1 LOCATION OF WATER WELL: Fraction **SW 1/4 SE 1/4 SW 1/4** Section Number **3** Township Number **T 10 S** Range Number **R 7 E**
 County: **RILEY**

Distance and direction from nearest town or city street address of well if located within city?
1/4 WEST OF MANHATTAN ON KIMBALL

2 WATER WELL OWNER: **JOE FARRAR**
 RR#, St. Address, Box # : **1421 MONTICELLO DR.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **MANHATTAN, KS 66502** Application Number:

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

4 DEPTH OF COMPLETED WELL **230** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **120** ft. 2 _____ ft. 3 _____ Ft.
 WELL'S STATIC WATER LEVEL **NA** ft. below land surface measured on mo/day/yr
 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 **5.125** in. to **230** ft. and _____ in. to _____ Ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 **Other (Specify below)**
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well **GEOHERMAL**
 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 **3/4** in. to **230** Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface **36** in., weight _____ Lbs./ft. Wall thickness or gauge No. **SDR11**

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) _____

SCREEN-PERFORATED INTERVALS: From **NA** ft. to **NA** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 SAND PACK INTERVALS: From **NA** ft. to **NA** 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 _____
 Ft. Grout Intervals From **3** **6** ft. to **243** Ft. From _____ 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? **EAST** How many feet? **50**

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|------|----------------|------|-----|-------------------------|
| 0 | 3 | | FILL | 170 | 175 | LIMESTONE |
| 3 | 6 | | SHALE, TAN | 175 | 178 | SHALE |
| 6 | 9 | | LIMESTONE | 178 | 182 | LIMESTONE |
| 9 | 17 | | SHALE, GRAY | 182 | 219 | SHALE |
| 17 | 19 | | LIMESTONE, TAN | 219 | 221 | LIMESTONE |
| 19 | 51 | | SHALE | 221 | 227 | SHALE |
| 51 | 55 | | LIMESTONE | 227 | 230 | LIMESTONE |
| 55 | 79 | | SHALE | | | |
| 79 | 81 | | LIMESTONE | | | |
| 81 | 116 | | SHALE | | | CLOSED LOOP GEOTHERMALS |
| 116 | 122 | | LIMESTONE | | | 1-200 1-185 |
| 122 | 130 | | SHALE | | | 1-215 1-197 |
| 130 | 134 | | LIMESTONE | | | 2-230 |
| 134 | 170 | | SHALE | | | 1-210 |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This GEO. was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
 Completed on (mo/day/yr) **10/12/01** **10/19/01** And this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **11/09/01**
 under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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