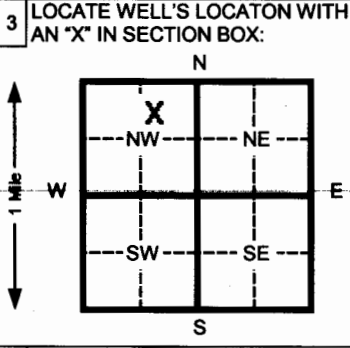


1 LOCATION OF WATER WELL: County: **Riley** Fraction: **SE ¼ SE ¼ SE ¼** Section Number: **11** Township Number: **T 10 S** Range Number: **R 7** EW

Distance and direction from nearest town or city street address of well if located within city?
2829 Anderson Avenue, Manhattan, Kansas

2 WATER WELL OWNER: **Rex Koppes**
 RR#, St. Address, Box # : **2855 SW Wannamaker Road** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Topeka, Kansas 66614** Application Number:



4 DEPTH OF COMPLETED WELL: **27.5** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **24.0** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **16.73** ft. below land surface measured on mo/day/yr **08/29/06**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8.5** in. to **27.5** 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
 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 _____
 7 Fiberglass _____ Threaded **X**
 Blank casing diameter **2.375** in. to **12.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 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 **27.5** ft. to **12.5** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **27.5** ft. to **9.5** 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 **0.0** ft. to **1.5** ft. From **1.5** ft. to **9.5** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage (former) 15 Oil well/ Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? **North** How many feet? **15**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Aggregate
0.5	3.5		Red-brown silty clay, gravel, very firm, moist
3.5	7.5		Gray-brown silty clay, very firm, moist, trace odor and discoloration
7.5	16.0		Dark gray silty clay, very firm, very moist, strong odor
16.0	20.0		Dark gray-blue silty clay, very firm, very moist, strong odor
20.0	27.5		Black-dark gray silty clay, very firm, very moist-wet, strong odor
			Flush-mount well completion waiver existent for site.

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/yr) **08/29/06** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **09/03/06**
 under the business name of **Quad State Services, Inc.** by (signature) *[Signature]*
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.