

1 LOCATION OF WATER WELL: County: Riley Co. Fraction: SE 1/4 NW 1/4 SW 1/4 Section Number: 32 Township Number: T 100 Range Number: R 70/W

Distance and direction from nearest town or city street address of well if located within city? 60 3 MINS South West on 18 Hwy T. Manhattan Airport **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Spooky Hill Const
 RR#, St. Address, Box #: 645 East Crawford
 City, State, ZIP Code: Salina, KS 67401

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

N	
--NW--	--NE--
--SW--	--SE--
S	

4 DEPTH OF COMPLETED WELL 40' ft.
 Depth(s) Groundwater Encountered was 17' ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL was 17' ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm
 Est. Yield... 50 gpm: Well water was..... ft. after..... hours pumping..... gpm
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 Domestic (lawn & garden) 10 Monitoring well was Temporary Const. Well
 Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs
 Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF 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.....
 Blank casing diameter 5" in. to cut off 3' below ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface 7 in. Weight lbs./ft. Wall thickness or guage No.
TYPE OF SCREEN OR PERFORATION MATERIAL: was
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot was 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From..... ft. to ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From..... ft. to 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 ft. to ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination: None Close
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3'	Compacted Clays			
3	20'	Bentonite			
20	40'	Chlorinated Sands			

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) 1/3/2008 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 451..... This Water Well Record was completed on (mo/day/year) 2/12/2008 under the business name of Waldemar Hahn Drilling 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.