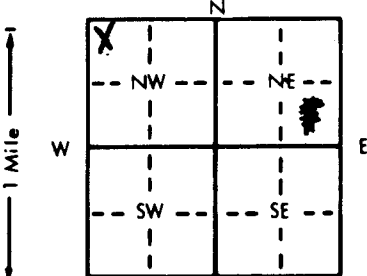


1 LOCATION OF WATER WELL: County: **Riley** Fraction: **NW 1/4 NW 1/4 NW 1/4** Section Number: **29** Township Number: **T 10 S** Range Number: **R 7 EW**

Distance and direction from nearest town or city street address of well if located within city?
From W edge of Manhattan: 1 1/2 mi. W on K-18 - 1 1/2 mi. SW - 1/2 mi. W - 1/4 mi. N.

2 WATER WELL OWNER: **Mr. Richard E. Britt**
 RR#, St. Address, Box #: **Rt. 1** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Manhattan, KS 66502** Application Number: **36,900**

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



4 DEPTH OF COMPLETED WELL: **54** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **13** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **13** ft. below land surface measured on **5/10/84**
 Pump test data: Well water was **28** ft. after **1** hours pumping **500** gpm
 Est. Yield **1000** gpm: Well water was **29** ft. after **1** hours pumping **700** gpm
 Bore Hole Diameter **32** in. to _____ 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 **X** _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter **16** in. to **28** in. ft., Dia _____ in. to _____ ft.
 Casing height above land surface **12** in., weight _____ lbs./ft. Wall thickness or gauge No. _____

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 **28** ft. to **54** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **10** ft. to **54** 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 _____
 Direction from well? **North** How many feet? **300**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	black silt			
1	14	fine brown silty sand			
14	19	sm. brown sand			
19	22	sm.-med. gray gravel			
22	24	sm. gray sand			
24	28	sm.-med. gray gravel			
28	34	med. gray gravel			
34	35	fine gray sand			
35	48	sm.-med gray gravel			
48	53	med. brown gravel			
53	54	hard brown clay STOPPED			

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) **5/8/84** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **323** This Water Well Record was completed on (mo/day/yr) **5/25/84** under the business name of **Hoobler Drilling Company** by signature *Donal A. Hoobler*

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
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