

LOCATION OF WATER WELL	Fraction $S\frac{1}{2}$ - $NE\frac{1}{4}$	Section Number	Township Number	Range Number
County: Riley	$SW\frac{1}{4}$ $SE\frac{1}{4}$ $NE\frac{1}{4}$	36	T 10 S	R 7 50X

Distance and direction from nearest town or city? 3 miles So of Manhattan on Hunters Island Street address of well if located within city?

WATER WELL OWNER: Riley County Public Works Dept.
 RR#, St. Address, Box #: Manhattan, Kansas 66502
 City, State, ZIP Code: _____
 Board of Agriculture, Division of Water Resources
 Application Number: _____

DEPTH OF COMPLETED WELL: 35 ft. Bore Hole Diameter: 8 in. to 35 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	9 Dewatering
6 Oil field water supply	12 Other (Specify below)	
2 Irrigation	4 Industrial	<u>10</u> Observation well
7 Lawn and garden only		

Well's static water level: 25 ft. below land surface measured on _____ month _____ day _____ year

Pump Test Data: Well water was _____ ft. after _____ hours pumping, _____ gpm
 Est. Yield gpm: Well water was _____ ft. after _____ hours pumping, _____ gpm

TYPE OF BLANK CASING USED:

5 Wrought iron	8 Concrete tile	Casing Joints: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	Welded _____
<u>2</u> PVC	4 ABS	Threaded _____
6 Asbestos-Cement	9 Other (specify below)	
7 Fiberglass		

Blank casing dia. 4 in. to 25 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: 24 in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

Screen or Perforation Openings Are:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<u>8</u> 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-Perforation Dia. 4 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals: From 25 ft. to 35 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals: From 10 ft. to 35 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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

Grouted Intervals: From 1 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	12 Insecticide storage	<u>16</u> Other (specify below)
			13 Watertight sewer lines	<u>Land fill</u>

Direction from well: North How many feet: 50 ? Water Well Disinfected? Yes _____ No X

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X

If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____

Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on January month 7 day 1981 year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____

This Water Well Record was completed on March month 9th day 1981 year under the business name of Blue Valley Drilling by (signature) [Signature]

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	35	Sand			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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10
R
7
EW
SEC.
36
SW 1/4
SE 1/4
NE 1/4