

1 LOCATION OF WATER WELL County: Riley	Fraction $S\frac{1}{2} - NE\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$	Section Number 36	Township Number T 10 S	Range Number R 7 <b>EW</b>
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Distance and direction from nearest town or city? **3 miles So of Manhattan on Hunters Island**

Street address of well if located within city?

2 WATER WELL OWNER: **Riley County Public Works Dept.**  
 RR#, St. Address, Box #: **Manhattan, Kansas 66508**  
 City, State, ZIP Code

Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: **35** ft. Bore Hole Diameter: **8** in. to **35** ft., and ... in. to ... ft.

Well Water to be used as:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden only	<b>10 Observation well</b>	12 Other (Specify below)

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

4 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Casing Joints: Glued ... Clamped ...
<b>2 PVC</b>	4 ABS	7 Fiberglass		Welded ... Threaded ...

Blank casing dia: **4** in. to **25** ft., Dia ... in. to ... 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	<b>7 PVC</b>	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)

Screen or Perforation Openings Are:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<b>8 Saw cut</b>	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., Dia ... in. to ... ft.

Screen-Perforated Intervals: From **25** ft. to **35** ft., From ... ft. to ... 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., 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., 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	<b>16 Other (specify below)</b>
			13 Watertight sewer lines	<b>Land fill</b>

Direction from well: **South west** 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

6 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 9** month **9** day **1981** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **234D**

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

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	Top soil		
	2	30	Fine sand			
	30	35	Med 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  
NE 1/4 SE 1/4 NE 1/4