

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																							
County: <u>RILEY</u>		NW 1/4 SE 1/4 SW 1/4		<u>22</u>		T 10 S		R 8 <u>EW</u>																																																							
Distance and direction from nearest town or city street address of well if located within city?																																																															
<u>1 south, 2 1/2 east of Manhattan</u>																																																															
2 WATER WELL OWNER: <u>Linda McCollough</u>																																																															
RR#, St. Address, Box # : <u>1481 Zeandale Rd.</u> For <u>Sam Ensley</u> Board of Agriculture, Division of Water Resources																																																															
City, State, ZIP Code : <u>Manhattan, KS 66502</u> Application Number:																																																															
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																															
4 DEPTH OF COMPLETED WELL <u>59'</u> ft. ELEVATION:																																																															
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>22'</u> ft. below land surface measured on mo/day/yr <u>9/26/96</u> Pump test data: Well water was ft. after hours pumping gpm Est. Yield <u>50</u> gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter <u>12"</u> in. to ft., and in. to ft. WELL WATER TO BE USED AS: <table style="width:100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>1 Domestic</td> <td>3 Feedlot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden only</td> </tr> <tr> <td></td> <td></td> <td>10 Monitoring well</td> </tr> <tr> <td colspan="3">12 Other (Specify below)</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes.....No.....<u>X</u>...; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <u>X</u> No										5 Public water supply	8 Air conditioning	11 Injection well	1 Domestic	3 Feedlot	6 Oil field water supply	2 Irrigation	4 Industrial	7 Lawn and garden only			10 Monitoring well	12 Other (Specify below)																																									
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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) <u>9/26/96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>182</u> This Water Well Record was completed on (mo/day/yr) <u>10-18-96</u> under the business name of <u>STRADER DRILLING CO., INC.</u> by (signature) <u>David Strader</u>																																																															
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																															