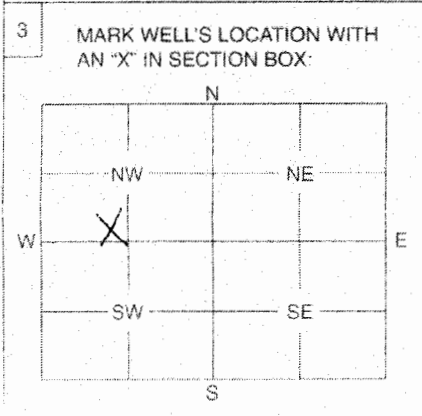


1 LOCATION OF WATER WELL: County: **Riley** Fraction: **SE 1/4 SW 1/4 NW 1/4** Section Number: **Sec 9** Township Number: **10S** Range Number: **8E** **EW**

Distance and direction from nearest town or city street address of well if located within city?
from Hwy 24; N 500' on Levee Drive; then 1500' E on Access Road

2 WATER WELL OWNER: **City of Manhattan**
 RR #, St. Address, Box #: **1101 Poyntz**
 City, State, ZIP Code: **Manhattan, Ks 66502**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **78.8** ft.
 WELL'S STATIC WATER LEVEL **21'** ft.
 WELL WAS USED AS:
 1 Domestic
 2 Irrigation
 3 Feedlot
 4 Industrial
 5 **Public Water Supply** *test*
 6 Oil Field Water Supply
 7 Domestic (Lawn & Garden)
 8 Air Conditioning
 9 Dewatering
 10 Monitoring Well
 11 Injection Well
 12 Other
 Was a chemical / bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted
 Water Well Disinfected. Yes No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel
 2 PVC
 3 RMP (SR)
 4 ABS
 5 Wrought
 6 Asbestos-Cement
 7 Fiberglass
 8 Concrete Tile
 9 Other (Specify below)
 Blank casing diameter in. Was casing pulled? Yes No **X** If yes, how much
 Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other **concrete**
 Grout Plug Intervals: From **78.8** ft. to **21** ft. 3 From **21** ft. to **3** ft. From **48** 3 to 0 ft.
 What is the nearest source of possible contamination: **sand**
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool
 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens
 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well
 6 Other (specify below) **Blue River 250' S**
 Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
78.8	21	Chlorinated Sand
21	3	Bentonite
3	0	Topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (month/day/year) **05/16/08** and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (month/day/year) under the business name of **Associated Environmental, Inc.**
 by (signature) *[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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.