

1 LOCATION OF WATER WELL: County: RILEY Fraction NE 1/4 NW 1/4 SW 1/4 Section Number 09 Township Number T 10 Range Number S R 8 E.X.W.....

Distance and direction from nearest town or city street address of well if located within city?
 1 MILE EAST OF MANHATTAN KANSAS ON HWY 24

2 WATER WELL OWNER: US GEOLOGICAL SURVEY
 RR#, St. Address, Box #: 4821 QUAIL CREST PLACE Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: LAWRENCE, KS 66049 Application Number:

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

4 DEPTH OF COMPLETED WELL 69 ft. ELEVATION:.....
 Depth(s) Groundwater Encountered 1...20...ft. 2.....ft. 3.....ft.
 WELL'S STATIC WATER LEVEL 22 ft. below land surface measured on mo/day/yr. 9/11/92
 Pump test data: Well water was.....ft. after.....hours pumping.....gpm
 Est. Yield.....gpm: Well water was.....ft. after.....hours pumping.....gpm
 Bore Hole Diameter 9 in. to 69 ft. and.....in. to.....ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden 10 Observation well MONITORING
 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued.....Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
 2 PVC 4 ABS 7 Fiberglass Threaded X
 Blank casing diameter 2 in. to 62 ft. Dia.....in. to.....ft. Dia.....in. to.....ft.
 Casing Height above land surface 12 in., weight.....lbs./ft. Wall thickness or gauge No.....
 TYPES OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 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 OF PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify).....
 SCREENED-PERFORATED INTERVALS: From 67 ft. to 62 ft. From.....ft. to.....ft.
 From.....ft. to.....ft. From.....ft. to.....ft.
 GRAVEL PACK INTERVALS: From 67 ft. to 21 ft. From.....ft. to.....ft.
 From.....ft. to.....ft. From.....ft. to.....ft.

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite Other.....
 Grout Intervals: From 21 ft. to 0 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 Asbestos-cement 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 None used (open hole)
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	SILT/SILTY SAND			
10	20	MED. SAND			
20		69 COURSE SAND/MED GRAVEL			

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) 9-1-92 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 (mo/day/year) 9-28-92 under the business name of U.S.G.S. WRD by (signature) Dick Angadwin

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SEC.

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