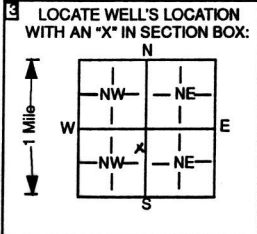


1 LOCATION OF WATER WELL: County: **RILEY** Fraction: **NE 1/4 NW 1/4 SW 1/4** Section Number: **09** Township Number: **T 10 S** Range Number: **R 8 E X.W.....**

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:



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. **9/2/92**  
 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.....in. to **62** ft., Dia.....in. to.....ft., Dia.....in. to.....ft.  
 Casing Height above land surface.....in., weight.....lbs./ft. Wall thickness or gauge No.....

6 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.....ft. to.....ft., From.....ft. to.....ft.  
 From.....ft. to.....ft., From.....ft. to.....ft.  
 GRAVEL PACK INTERVALS: From.....ft. to.....ft., From.....ft. to.....ft.  
 From.....ft. to.....ft., From.....ft. to.....ft.

7 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)  
 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			

8 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) **9-2-92** 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 Hummel**

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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EW

SEC.

1/4

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