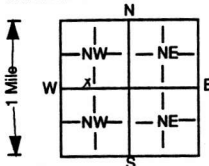


1 LOCATION OF WATER WELL: County: RILEY Fraction SE 1/4 SW 1/4 NW 1/4 Section Number 09 Township Number T 10 S Range Number R 8 E.X.W.....

Distance and direction from nearest town or city street address of well if located within city?
 5 MILES EAST OF MANHATTAN IN CITY WELL FIELD

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

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


4 DEPTH OF COMPLETED WELL 67 ft. ELEVATION: 20
 Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft.
 WELL'S STATIC WATER LEVEL 22 ft. below land surface measured on mo/day/yr. 9/10/92
 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 67 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 ; if yes, mo/day/yr sample was submitted
 Water well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued.....Clamped.....
 1 Steel 3 RMP (SR) 9 Other (specify below) Welded.....
 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter. 2 in. to 60 ft. Dia.....in. to.....ft. Dia.....in. to.....ft.
 Casing Height above land surface. 24 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 9 Wire wrapped 10 Other (specify).....
 2 Louvered shutter 4 Key punched 7 Torch cut
 SCREENED-PERFORATED INTERVALS: From 65 ft. to 60 ft. From.....ft. to.....ft.
 From.....ft. to.....ft. From.....ft. to.....ft.
 GRAVEL PACK INTERVALS: From 65 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 t. From.....ft. to.....ft. From.....t. to.....ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 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		67 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) 9-10-92 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 USGS WRP by (signature) Dick Henderson

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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R

EW

SEC.

1/4

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