

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>RILEY</b>		<b>NW 1/4 NE 1/4 SE 1/4</b>	<b>29</b>	<b>T 10 S</b>	<b>R 8 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>3 MILES South of Manhattan off Hwy 177</b>					
2 WATER WELL OWNER: <b>JACK AUSTIN</b>					
RR#, St. Address, Box #: <b>RR#2</b>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <b>MANHATTAN, KS 66502</b>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>220</b> ft. ELEVATION: <b>FLAT TOP Hill</b>			
		Depth(s) Groundwater Encountered 1. <b>190</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>190</b> ft. below land surface measured on mo/day/yr <b>8-27-86</b>			
		Pump test data: Well water was <b>190</b> ft. after <b>4 1/2</b> hours pumping <b>1.2</b> gpm			
		Est. Yield <b>1.2</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>8</b> in. to <b>220</b> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes    No			
5 TYPE OF BLANK CASING USED:					
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile    CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)    Welded _____ <input type="checkbox"/> Blank casing diameter <b>5"</b> in. to <b>220'</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface <b>20"</b> in., weight <b>2.82</b> lbs./ft. Wall thickness or gauge No. <b>258</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <b>180'</b> ft. to <b>200'</b> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20'</b> ft. to <b>220'</b> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 (Neat cement) <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____					
Grout Intervals: From <b>6</b> ft. to <b>20</b> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage					
Direction from well? <b>NORTH</b> How many feet? <b>800</b>					
FROM TO LITHOLOGIC LOG			FROM TO LITHOLOGIC LOG		
1	6	Rocky Top Soil	85	90	YELLOW ROCK
6	7	FLINT Rock	90	92	YELLOW CLAY
7	9	YELLOW CLAY	92	95	BROWN CLAY
9	13	DARK SHALE	95	100	BLUE SHALE
13	20	YELLOW CLAY	100	115	YELLOW ROCK & FLINT
20	26	YELLOW ROCK	115	120	HARD BLUE SHALE
26	31	DARK SHALE	120	125	GRAY ROCK
31	36	YELLOW ROCK	125	140	GRAY SHALE
36	41	GREEN SHALE	140	148	GREEN SHALE
41	46	YELLOW ROCK	148	154	Light Rock
46	50	YELLOW ROCK & FLINT	154	165	RED CLAY
50	65	YELLOW ROCK	165	173	YELLOW ROCK
65	70	YELLOW CLAY	173	184	YELLOW CLAY
70	80	YELLOW ROCK	184	195	YELLOW ROCK (WATER)
80	85	YELLOW ROCK & FLINT	195	220	GREEN AND GRAY SHALE
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>8-27-86</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>202</b> This Water Well Record was completed on (mo/day/yr) <b>8-27-86</b> under the business name of <b>RAY E. ENSLEY WELL DRILLING</b> by (signature) <i>Ray E. Ensley</i>					
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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