

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Riley</u>		<u>NE</u> ¼ <u>NW</u> ¼ <u>SW</u> ¼	<u>28</u>	<u>T</u> <u>10</u> <u>S</u>	<u>R</u> <u>8</u> <u>E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile East of Manhattan, KS</u>					
2 WATER WELL OWNER: <u>Dan Hall</u>					
RR#, St. Address, Box # : _____					
City, State, ZIP Code : <u>Clay Center, KS 67432</u>					
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 <u>185; 170; 155; 140</u> FEET:			
		Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.			
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr <u>1.1-17-94</u>			
		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 <u>5</u> in. to <u>1.85</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well			
		<u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below)			
		<u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Lawn and garden only <u>10</u> Monitoring well <u>4-Heat Pump Holes</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass	<u>Polyethylene</u>	Threaded _____
Blank casing diameter <u>3/4"</u> in. to <u>1.85</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>0</u> in. weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) <u>NA</u>
				9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) <u>NA</u>	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>4</u> ft. to <u>1.85</u> 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 Livestock pens	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 Insecticide storage	
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil			
2	30	Brown Clay			
30	62	Green Shale			
62	94	Gray Shale			4 Heat Pump Holes
94	138	Light Gray Shale			
138	155	Gray Shale			1@ 185ft
155	160	Hard Gray Shale			1@ 170ft
160	174	Gray Shale			1@ 155ft
174	180	Hard Gray Shale			1@ 140ft
180	185	Gray Shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>reconstructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>11-17-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u> This Water Well Record was completed on (mo/day/yr) <u>12-13-94</u> under the business name of <u>Peterson Irrigation Inc.</u> by (signature) <u>Mike Peterson</u>					
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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