

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <b>Riley</b>		<b>NE 1/4 NE 1/4 NW 1/4</b>		<b>8</b>		<b>T 11 S</b>		<b>R 7E E/W</b>	
Distance and direction from nearest town or city? <b>1 1/2 Mile East of Ogden</b>					Street address of well if located within city?				

  

2 WATER WELL OWNER: <b>Erichsen Brothers Julius &amp; Walter</b>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <b>Route 1</b>		
City, State, ZIP Code: <b>Manhattan, Kansas 66502</b>		

  

3 DEPTH OF COMPLETED WELL: <b>44'</b> ft. Bore Hole Diameter: <b>8"</b> in. to <b>44'</b> ft. and ..... in. to ..... ft.	
Well Water to be used as:	5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> 1 Domestic 3 Feedlot 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
Well's static water level: <b>15</b> ft. below land surface measured on <b>February</b> month <b>18</b> day <b>1981</b> year	
Pump Test Data: Well water was <b>25</b> ft. after <b>1/2</b> hours pumping <b>60</b> gpm	
Est. Yield <b>100</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm	

  

4 TYPE OF BLANK CASING USED:		5 Wrought iron		8 Concrete tile		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped .....	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		7 Fiberglass		Welded .....	
						Threaded .....	
Blank casing dia <b>5"</b> in. to <b>44</b> ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.							
Casing height above land surface <b>12"</b> in., weight <b>3</b> lbs./ft. Wall thickness <del>1/8" schedule 40</del> <b>.258</b>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		<input checked="" type="checkbox"/> 7 PVC	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)	
						11 Other (specify) .....	
						12 None used (open hole)	
Screen or Perforation Openings Are:		5 Gauzed wrapped		<input checked="" type="checkbox"/> 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) .....	
Screen-Perforation Dia <b>5"</b> in. to ..... ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.							
Screen-Perforated Intervals: From <b>34</b> ft. to <b>44</b> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.							
Gravel Pack Intervals: From <b>10</b> ft. to <b>44</b> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.							

  

5 GROUT MATERIAL:		1 Neat cement		<input checked="" type="checkbox"/> 2 Cement grout		3 Bentonite		4 Other .....	
Grouted Intervals: From <b>0</b> ft. to <b>10</b> ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.									
What is the nearest source of possible contamination:									
<input checked="" type="checkbox"/> 1 Septic tank		4 Cess pool		7 Sewage lagoon		10 Fuel storage		14 Abandoned water well	
2 Sewer lines		5 Seepage pit		8 Feed yard		11 Fertilizer storage		15 Oil well/Gas well	
3 Lateral lines		6 Pit privy		9 Livestock pens		12 Insecticide storage		16 Other (specify below)	
Direction from well <b>North</b>		How many feet <b>200'</b>		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No		If yes, date sample was submitted ..... month ..... day ..... year		Pump Installed? Yes <input checked="" type="checkbox"/> No					
If Yes: Pump Manufacturer's name .....		Model No. ....		HP .....		Volts .....			
Depth of Pump Intake ..... ft.		Pumps Capacity rated at ..... gal./min.							
Type of pump:		1 Submersible		2 Turbine		3 Jet		4 Centrifugal	
								5 Reciprocating	
								6 Other	

  

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>February</b> month <b>18</b> day <b>1981</b> year <b>361</b>									
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 <b>February</b> month <b>18</b> day <b>1981</b> year under the business name of <b>Cox-Beswick Irrigation Service, Inc.</b> by (signature) <i>James Cox</i>									

  

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
	0		18		Top Soil & Sandy Clay							
	18		26		Sand							
	26		28		Gravel Fair							
	28		31		Gravel Good							
	31		36		Gravel & Clay							
	36		39		Fine Gravel							
	39		54		Good Gravel							
54				Creek Gravel & Clay								
ELEVATION:												
Depth(s) Groundwater Encountered 1. <b>26</b> ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)												

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.