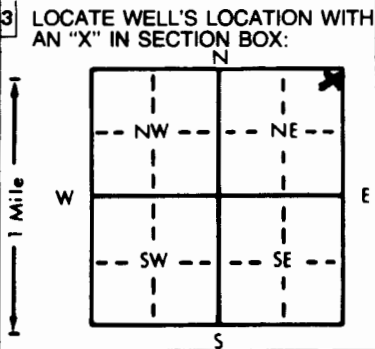


1 LOCATION OF WATER WELL: County: **RILEY** Fraction: **NE 1/4 NE 1/4 NE 1/4** Section Number: **26** Township Number: **T 8 S** Range Number: **R 5 EW**

Distance and direction from nearest town or city street address of well if located within city?
APPROX 2 M N - RILEY

2 WATER WELL OWNER: **USD 378**
RR#, St. Address, Box #: **US 24 + FAIRVIEW RD** Board of Agriculture, Division of Water Resources
City, State, ZIP Code: **RILEY KS 66531** Application Number:



4 DEPTH OF COMPLETED WELL: **120?** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **73.3** ft. below land surface measured on mo/day/yr **05-09-94**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **160** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: **UNKNOWN** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below) SCHOOL

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes **X** No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass	UNKNOWN	Welded _____
				Threaded _____

Blank casing diameter: **6** in. to **UNKNOWN** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.

Casing height above land surface: **4.8** in., weight **UNKNOWN** lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) UNKNOWN
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) UNKNOWN	

SCREEN-PERFORATED INTERVALS: From **UNKNOWN** ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **UNKNOWN** ft. to _____ ft., From _____ ft. to _____ ft.

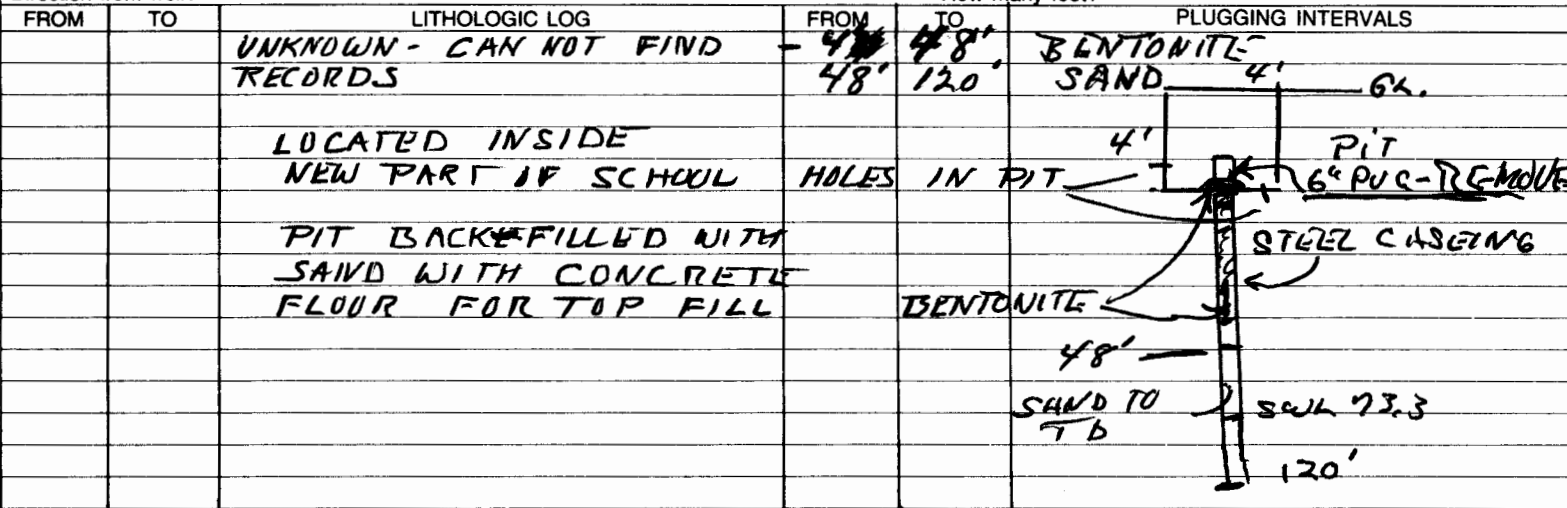
6 GROUT MATERIAL: **1 Neat cement** 2 Cement grout 3 **Bentonite** 4 Other _____

Grout intervals: From **4** ft. to **4.8** 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? _____



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) **06-27-94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **479** This Water Well Record was completed on (mo/day/yr) **06-30-94** under the business name of **EBBERTS DRILLING** by (signature) *August Heit*

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.

REF - 151 PHONE DON TRYLOR

OFFICE USE ONLY
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EW
SEC.
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