

1 LOCATION OF WATER WELL: County: <u>Riley</u>	Fraction <u>SW</u> 1/4 <u>SE</u> 1/4 <u>NE</u> 1/4	Section Number <u>35</u>	Township Number T <u>8-9</u> S	Range Number R <u>6-2</u> EW
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Distance and direction from nearest town or city street address of well if located within city?
6 East, 1/2 North of Riley

2 WATER WELL OWNER: Russell Hawse
 RR#, St. Address, Box # RT. #
 City, State, ZIP Code Manhattan, KS. 66502
 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>55</u> ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 35' ft. below land surface measured on mo/day/yr 12/13/95

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

Est. Yield 20+ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 8 in. to 58' 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)

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:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>*</u> Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter 5 in. to 35 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 18 in., weight 200 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) _____
			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) _____	

SCREEN-PERFORATED INTERVALS: From 35 ft. to 55 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 25 ft. to 58 ft., From _____ ft. to _____ ft.

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

Grout Intervals: From 0 ft. to 25 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? SW How many feet? 300

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Brown Clay & Gravel			
10	14	Red Shale			
14	19	Gray Shale			
19	21	Limestone			
21	34	Gray Shale			
34	36	Limestone			
36	40	Gray Shale			
40	42	Caverns in Shale			
42	47	Gray Shale			
47	49	Gypsum			
49	56	Gray Shale			
56	58	Red Shale			

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) 12/13/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 518 This Water Well Record was completed on (mo/day/yr) 12/14/95 under the business name of Blue Valley Drilling by (signature) [Signature]

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.

OFFICE USE ONLY
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