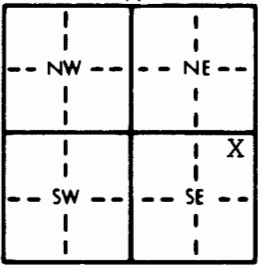


1 LOCATION OF WATER WELL: County: RILEY Fraction: NE 1/4 NE 1/4 SE 1/4 Section Number: 28 Township Number: T 9 S Range Number: R 6 E/W

Distance and direction from nearest town or city street address of well if located within city?  
2 1/2 west, 1 north of Keats

2 WATER WELL OWNER: Cary ~~XXX~~ Herl Ray's job  
 RR#, St. Address, Box #: 332 N. Clay Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Riley, KS 66531 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  


4 DEPTH OF COMPLETED WELL: 180' ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. 75' ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 70' ft. below land surface measured on mo/day/yr 3-23-94  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 3 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter: 8 3/4 in. to ..... ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well  
 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) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded.....  
 Blank casing diameter ..... 5" in. to 0-60 ft., Dia 5" in. to 100-179 ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 24" in., weight 2.82 lbs./ft. Wall thickness or gauge No. 258  
 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 60 ft. to 100 ft., From ..... ft. to ..... ft.  
 From 179 ft. to 180 ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 24 ft. to 180 ft., From ..... ft. to ..... ft.  
 From ..... 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 24 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? south How many feet? 250'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Limestone-Grey	109	125	Shale-Grey
2	19	Shale-Yellow	125	144	Limestone-Grey
19	26	Limestone-Yellow	144	147	Shale-REd
26	27	Shale-Grey	147	153	Shale-Grey
27	32	Limestone-Yellow	153	165	Limestone-Grey
32	39	Limestone-Grey	165	170	Shaley Limestone-Grey
39	47	Limestone-Yellow	170	172	Limestone-Grey
47	72	Limestone-Grey	172	180	Shale-Grey
72	84	Limestone-Grey-Flinty-Loose			
84	87	Limestone-Grey			
87	95	Shaley Limestone-Grey			
95	101	Shaley-Red			
101	103	Shale-Grey			
103	108	Shale-Red			
108	109	Limestone-Grey			

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) 3-23-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182 This Water Well Record was completed on (mo/day/yr) ..... under the business name of STRADER DRILLING CO., INC. by (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 T R E/W SEC. 1/4 1/4 1/4