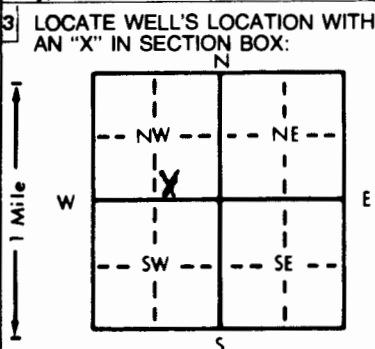


mw-2

1 LOCATION OF WATER WELL: County: **Riley** Fraction: **NW 1/4 SE 1/4 SW 1/4** Section Number: **21** Township Number: **T 9 S** Range Number: **R 7 EW**

Distance and direction from nearest town or city street address of well if located within city?
intersection of Hwy 24 and Marlatt.

2 WATER WELL OWNER: **Riley Co. Shop Attn: Rod Meredith** Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: **2711 Anderson, Manhattan, Ks 66502** Application Number: _____
City, State, ZIP Code: _____



4 DEPTH OF COMPLETED WELL: **76.3** ft. ELEVATION: _____
Depth(s) Groundwater Encountered: 1. **NA** ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL: **66.83** ft. below land surface measured on mo/day/yr **7/11/96**
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: **8.625** in. to **76.3** 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 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only **10 Monitoring well** *mw-2*
Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** _____; If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes _____ No **X** _____

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 _____ Threaded **X** _____
Blank casing diameter: **2** in. to **54** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface: **0** in., weight **SCH. 40 PVC** 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) _____
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 _____ ft. to **74** ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **SMD** **53** ft. to **74** ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **0** 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From _____ ft. to **51** ft., From **51** ft. to **53** 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
GL	7.50	Soil, silty clay (CH)			
	7.50	19.00			
		Limestone			
	19.00	21.50			
		Mudstone			
	21.50	30.00			
		Limestone, cherty limestone			
	30.00	32.00			
		Mudstone			
	32.00	47.00			
		Limestone			
	47.00	50.00			
		Mudstone			
	50.00	54.00			
		Cherty Limestone			
	54.00	56.50			
		Siltstone			
	56.50	58.00			
		Cherty Limestone			
	58.00	60.00			
		Mudstone			
	60.00	63.00			
		Cherty Limestone			
	63.00	64.50			
		Shale			
	64.50	79.00			
		Limestone			
	79.00	TD			
		End of borehole			

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) **7/11/96** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585**. This Water Well Record was completed on (mo/day/yr) **7/22/96** under the business name of **Associated Environmental, Inc.** by (signature) *Doham for Dan Doham*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send 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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T
R
EW
SEC.