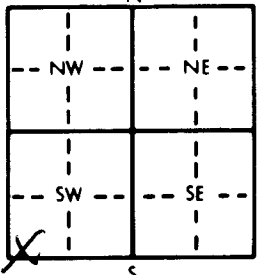


NW-2

1 LOCATION OF WATER WELL: County: Riley Fraction: SW 1/4 SW 1/4 SW 1/4 Section Number: 21 Township Number: T 9 S Range Number: R 7 E  
 Distance and direction from nearest town or city street address of well if located within city? New Riley Co Shop

2 WATER WELL OWNER: Riley Co Public Works Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: 2711 Anderson Application Number:  
 City, State, ZIP Code: Manhattan KS 66502

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered: N/A ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: N/A ft. below land surface measured on mo/day/yr \_\_\_\_\_  
 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: 6.125 in. to \_\_\_\_\_ 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 40 ft., Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: 24 in., weight SCH 40 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 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 40 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 SHELVE PACK INTERVALS: From 60 ft. to 39 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 39 ft. to 31 ft. From 35 ft. to 0 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) monitor location  
 13 Insecticide storage  
 How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	soil			
2	7	shale			
7	10	limestone			
10	13	shale			
13	14	limestone			
14	16	shale			
16	19	limestone			
19	21	shale			
21	31	limestone			
31	43	shale, grey			
43	45	shale, red brown			
45	47	shale, grey			
47	51	shale, red brown			
51	60	shale, grey			
60	70	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) 5/13/98 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) 9/10/98 under the business name of AEI 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  
T  
R  
EM  
SEC  
1/4  
1/4  
1/4