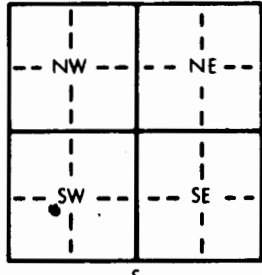


1 LOCATION OF WATER WELL: County: **RILEY** Fraction: **NE 1/4 SW 1/4 SW 1/4** Section Number: **14** Township Number: **T 9 S** Range Number: **R 7 E**

Distance and direction from nearest town or city street address of well if located within city?
1/2 miles North of MANHATTAN, Ks. - Terra Hights Add

2 WATER WELL OWNER: **Co. Hugo**
 RR#, St. Address, Box #: **1520 Hill Crest Dr.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **MANHATTAN, Ks. 66502** Application Number:

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

 4 DEPTH OF COMPLETED WELL: **200'** ft. ELEVATION: **2' above Ground**
 Depth(s) Groundwater Encountered 1. **150-174** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **155'** ft. below land surface measured on **mo/day/yr 12-22-82**
 3" Bail Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **25** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **7.5"** in. to **200'** 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 Observation well
 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 CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____
 Blank casing diameter **5" above** in. to **160'** ft., Dia **5" 180'** in. to **200'** ft., Dia _____ in. to _____ ft.
 Casing height above land surface **2' above** in., weight **2.83** lbs./ft. Wall thickness or gauge No. **258**
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 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 **160'** ft. to **180'** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **14'** ft. to **200'** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **3'** ft. to **14'** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: **350' N.W.** 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? **N.W.** How many feet? **350'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	30'	Flint Rock & Soil	188	200'	BLUE SHALE
30	42'	Yellow Clay			
42	64'	GREEN SHALE			
64	76'	YELLOW ROCK			
76	88'	RED CLAY			
88	96'	YELLOW ROCK			
96	105'	YELLOW CLAY			
105	111'	YELLOW ROCK			
111	121'	GREEN SHALE			
121	139'	GRAY SHALE			
139	144	GRAY ROCK			
144	160	GREEN SHALE			
160	174	YELLOW SOFT ROCK (WATER)			
174	180	GRAY SHALE			
180	188	GRAY ROCK			

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) **12-22-82** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **202** This Water Well Record was completed on (mo/day/yr) **12-22-82** under the business name of **RAY E. ENSLEY DRILLING** by (signature) *Ray E. Ensley*
 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
 T
 9
 R
 7
 SEC. 14
 NE 1/4
 SW 1/4
 SW 1/4