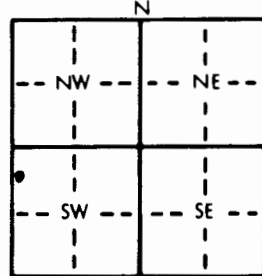


1 LOCATION OF WATER WELL: County: **RILEY** Fraction: **NW 1/4 NW 1/4 SW 1/4** Section Number: **36** Township Number: **T 9 S** Range Number: **R 7 E/W**

Distance and direction from nearest town or city street address of well if located within city?
1 MILE NORTH OF city limits of MANHATTAN Ks. 66502

2 WATER WELL OWNER: **WENDAL SAC**
 RR#, St. Address, Box # :
 City, State, ZIP Code : **PLAINVILLE, KS**
 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: **190'** ft. ELEVATION: **Well Top**
 Depth(s) Groundwater Encountered 1. **53** ft. 2. **164** ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **155** ft. below land surface measured on mo/day/yr **3-27-86**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **15** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **190'** 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 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 BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass 8 Concrete tile CASING JOINTS: **Glued & Clamped**
 Blank casing diameter **5"** in. to **190'** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **30"** 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) _____
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 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 **150'** ft. to **180'** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20'-21'** ft. to **190'** 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 **8'** ft. to **21'** 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? **APPROX 150' North** How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	8	ROCKY TOP SOIL	94	104	Yellow clay
8	13	RED CLAY	104	110	GRAY ROCK
13	21	Yellow Rock	110	122	GRAY SHALE
21	28	GREEN SHALE	122	128	GRAY ROCK
28	34	YELLOW ROCK	128	132	BLACK SHALE
34	40	GREEN SHALE	132	138	GRAY ROCK
40	47	Yellow Rock	138	145	LIGHT SHALE
47	52	GREEN SHALE	145	151	LIGHT ROCK
52	54	Yellow Rock (Little water)	151	159	TAN SHALE
54	60	TAN SHALE	159	165	YELLOW ROCK (WATER)
60	63	Yellow Rock	165	175	GREEN SHALE
63	70	Yellow clay	175	179	GRAY ROCK
70	75	Yellow Rock	179	190	BLUE SHALE
75	89	LIGHT GRAY SHALE			
89	94	WHITE 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) **3-27-86** 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) **3-27-86** under the business name of **Ray E. Easley Well Drilling** by (signature) *Ray E. Easley*

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.

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