

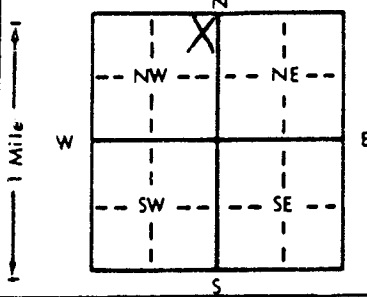
1 LOCATION OF WATER WELL: County: Riley Fraction: NE 1/4 NW 1/4 NW 1/4 Section Number: 25 Township Number: T 9 S Range Number: R 7 **(EW)**

Distance and direction from nearest town or city street address of well if located within city?

532 Lakeside Blvd., Manhattan, Kansas

2 WATER WELL OWNER: KDHE
 RR#, St. Address, Box # : Forbes Field, Bldg 740 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Topeka, Kansas 66620-0001 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 50 ft. ELEVATION: _____



Depth(s) Groundwater Encountered 1. NA ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ 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 12 in. to 53 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 Pump Test Well
 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 _____
 Blank casing diameter 6 in. to 10 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 0 in., weight _____ lbs./ft. Wall thickness or gauge No. sch. 40
 TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC 10 Asbestos-cement
 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 10 ft. to 50 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 7 ft. to 53 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 0 ft. to 6 ft., From 6' ft. to 7 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? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
6"	6"	Clay	39	41.5	Limestone - gray
6"	6'	Shale - gray	41.5	42	Shale tan
6	10	Shale - gray green	42	45.5	Shale - gray
10	12	Limestone - light gray	45.5	47	Limestone - yellow
12	15	Shale - gray green	47	49	Limestone - gray
15	17	Limestone - tan - yellow	49	51	Shale - gray
17	18	Shale - gray green	51	53	Limestone - gray
18	19	Limestone - tan - yellow			
19	21	Limestone - whitish tan			
21	29	Limestone - light gray			
29	30	Shale - whitish tan			
30	31	Limestone - dark gray			
31	33.5	Limestone - tan			PW1 - Flushmount
33.5	36	Shale - green			Don Taylor
36	39	Limestone - tan			

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) 09-14-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 10-06-94 under the business name of GeoCore Services, Inc. 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.