

1 LOCATION OF WATER WELL: Fraction SE 1/4 NW 1/4 NE 1/4 Section Number 33 Township Number T10 S Range Number 6  E  W  
 County: Riley

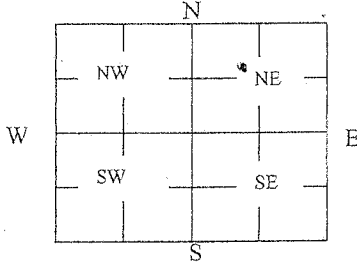
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:  
 Latitude: 1663435.18 (in decimal degrees)  
 Longitude: 297654.39 (in decimal degrees)  
 Elevation: 1041.77  
 Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:

2 WATER WELL OWNER: Directorate of Public Works  
 RR#, St. Address, Box #: CO: Dr. Richard Stzielos  
 City, State ZIP Code: 407 Main Post Ft. Riley Ks 66442

GPS unit (Make/Model: \_\_\_\_\_)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

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



4 DEPTH OF WELL 77.71 ft.  
 WELL'S STATIC WATER LEVEL 77.41 ft

WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

Was a chemical/bacteriological sample submitted to Department? Yes  No

5 TYPE OF BLANK CASING USED:

Steel  RMP (SR)  Wrought  Fiberglass  Other (Specify below)  
 PVC  ABS  Asbestos-Cement  Concrete Tile

Blank casing diameter 1 in. Was casing pulled? Yes  No  If yes, how much 3'  
 Casing height above or below land surface 36" in.

6 GROUT PLUG MATERIAL:  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 77.71 ft. to 0' ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input checked="" type="checkbox"/> Other (specify below) <u>Range 16 FT Riley Ks</u>
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? N/A  
 How many feet? N/A

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>77.71</u>	<u>0'</u>	<u>NEAT CEMENT</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-25-2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597. This Water Well Record was completed on (mo/day/year) 3-25-2012 under the business name of Boort Langyear by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.