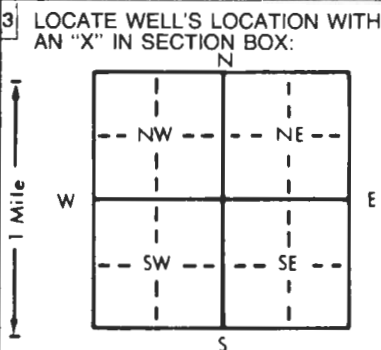


31PZ

1 LOCATION OF WATER WELL: County: **Geary** Fraction: **NE 1/4 NE 1/4 NE 1/4** Section Number: **25** Township Number: **T 11 S** Range Number: **R 6 E/W**

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

2 WATER WELL OWNER: RR#, St. Address, Box #: **U.S. Army Corp of Engineers, Attn: Mike Greene** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Bldg 322, Marshall Ave., Fort Riley, Ks 66442** Application Number:



4 DEPTH OF COMPLETED WELL: **31** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. **15.2** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **15.2** ft. below land surface measured on **mo/day/yr** **5-11-96**

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: **5.25** in. to **10** ft., and **.82** in. to **31** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		12 Other (Specify below)

10 Monitoring well DCF96-31PZ

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 X
		7 Fiberglass	Stainless steel	Threaded _____

Blank casing diameter: **.82** in. to **31** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **36** in., weight _____ lbs./ft. Wall thickness or gauge No. **20**

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	11 Other (specify)
				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)	Laser-cut-vert.

SCREEN-PERFORATED INTERVALS: From **20** ft. to **30** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From **GL** ft. to **10** 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	contaminated GW

Direction from well? **N** How many feet? **675**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	1.00	Silt			
1.00	10.00	Silt/Fine Sand			
10.00	10.70	Silt			
10.70	13.50	med/fine sand			
13.50	31.00	unseen, unknown			
31.00	TD	End of borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (**constructed**) (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **5/13/96** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **479** This Water Well Record was completed on (mo/day/yr) **5/23/96** under the business name of **Associated Environmental, 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.