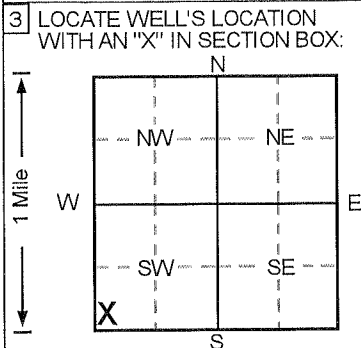


1 LOCATION OF WATER WELL: County: Geary	Fraction SW ¼ SW ¼ SW ¼	Section Number 27	Township Number T 11 S	Range Number R 6 E/W
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Distance and direction from nearest town or city street address of well if located within city?

Marshall Army Airfield - Fort Riley, KS

2 WATER WELL OWNER: Fort Riley, DES RR#, St. Address, Box # : 1970 2nd St. City, State, ZIP Code : Fort Riley, Kansas 66442-6016	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF COMPLETED WELL: **15.3** ft. ELEVATION: **1049**

Depth(s) Groundwater Encountered 1. **8.8** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **8.8** ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was **NA** ft. after _____ hours pumping _____ gpm

Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8** in. to **15.8** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well
12 Other (Specify below)		

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)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <input checked="" type="checkbox"/>

Blank casing diameter **2** in. to **5** 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

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	6 Wire wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	7 Torch cut	9 Drilled holes	
			10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **5** ft. to **15.3** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **3** ft. to **12.1** ft., From **12.1** ft. to **15.8** ft.

From _____ ft. to _____ ft., From **Natural Formation** _____ ft. to _____ ft.

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

Grout Intervals: From **0** ft. to **1.5** ft., From **1.5** ft. to **3** 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	Fire Training Pit

Direction from well? **S** How many feet? **600**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Clay, Very Dark Gray Brown			
1	2.9	Sand, Brown			
2.9	3.8	Silt, Black			
3.8	6.5	Sand, Very Dark Gray			
6.5	8	Clay, Very Dark Gray			
8	9.8	Sand, Dark Gray			
9.8	10.5	Clay, Very Dark Gray			
10.5	12.5	Sand, Dark Gray			
12.5	15.8	Driven Well Point to 15.8 feet,			
					Driven Well Point
					FP-96-19, Flushmount
					Project Name: Louis Berger - Ft. Riley
					GeoCore # 358, #

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) **5/20/96** 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) **6/19/96** under the business name of **GeoCore Services, Inc.** by (signature) *Dolan*

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.