			NCNW	- Janeseo			**************************************		****	
1 LOCATION OF WATER WELL:			Fraction SC		Section N	umber	Township	Number	Range M	lumber
County:	RILEY		* SEE BI	1/4	14	,			6 E	<u>.</u>
			est town or ci							
NEAL	Bldg 14.	10 FiFth	& B Streets 5 ARMY CO	, CAM	FUNSTON ,	F.L. Ril	ley Ks	SEE ATT	rached D	pawing)
2 WATER	WELL OWNER:				engineer.	, W	ELL #	MW94	4	
	Address, Bo ate, ZIP Coo		ias city m		o 💪 Applica	ation Nu		ision of	Water Reso	ources
	WELL'S LOCAT		4 DEPTH OF	WELL	31.:7		.ft.			
AN "X	IN SECTION N	I BOX:	WELL'S ST	TATIC WAT	ER LEVEL2	3. 1	.ft.			
			WELL WAS							
	N W	N E	1 Dome	estic igation	5 Public War 6 Oil Field			Dewaterin Monitorin		
			3 Feed	dlot	7 Lawn and 0 8 Air Condi	Garden C	nly 11	Injection Other	Well	
W			E 4 Indu	ustrial	6 ATT CONGT	Croning	12	other		
	s W	S E	Was a chemi	ical/bact	eriological s	ample su	ubmitted to	Departmen	t? Yes	. No.
					ample was sub					
			Water Well	Disinfec	ted: Yes	No				
	S									
5 TYPE	OF BLANK CAS	SING USED:								
1_Ste			-	7 Fiber	-	Other (specify bel	OW)		
(27bac			estos-Cement		ete Tile		· · · · · · · · · · · · · · · · · · ·			
Blank Casin	casing diam g height abo	neter2 ove or below	land surface.	s casing 子(いらみ し こという	pulled? Yes.	N	io If	yes, how led の	much f 40 6	
6 GROUT	PLUG MATER	AL: 1 Neat	cement 2 Ce	ement gro	ut 🖒 Bento	nite	4 Other	F0:5		
 Grout	Plug Interv	/als: From	m <i>31.</i> 7.ft. to	!ft	., From	.ft. to	ft.,	From	to	ft.
What	is the near		f possible con							
	eptic tank		6 Seepage pit 7 Pit privy	t	11 Fuel stor			Other (sp	ecify bel	ow)
2 S 3 W		2 Fertilizer storage FORMER UST								
4 L	atertight se ateral lines		8 Sewage lago 9 Feedyard		14 Abandoned	water w	vell			
5 C	ess Pool		10 Livestock	pens	15 Oil well/		_			
Direc	tion from we	ell?		•	How many fee	t?	3.20			
FROM	то	PLU	JGGING MATERIAL	LS	*	.				
31.7	/'	BENTAL	ine chip	3	T th	Rile-	1 Coordin	ia-tes		
ľ					- H	278	0 26.5			
	<u> </u>	COMPA	LTED SOIL	-		020	0 1 2 1			
						653	9,013.1			
					ELEV	103	2.3			
			¥							
7 CONTR	ACTOR'S OR I	ANDOWNER/9	CERTIFICATION:	This wate	r well was ni	uaaed ur	nder my iur	sdiction	and was c	ompleted
on (m	Inday/year)	44 1214	bne bne	this roco	rd is true to	the has	et of my kny	nul adaa ar	nd haliaf	Kaneae
water	well contra	1.18	nse No. under the bus	iness nam	inis wat e of	Wilkov en merr	record was	completed	on (mo/d	ay/year)
by (s	ignature) .		ver tra	m				******		
				,						

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.