1 LOCATION OF WATER WELL:		+ SEE Below	ا مسا		Township Number	Range Number	
County: 🖟		W 13/4 NiW 14 N					
Distance and direction from nearest town or city street address of well if located within city? Bldg 5328 Ashby Ave FL Riley KS (See Affached Drawing)							
	5320 A	.S. Army Corps	the Kiley F	<u> </u>	Well & Penl	Varing)	
Z WATER W	ELL OWNER: O	,				F Eur !	
	ddress, Box #: e, ZIP Code :	GOI & 12th St. KANSON CITY MO	64106 App	olication Numb	ture, Division of ber:	Water Resources	
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
→ AN "X"	N WELL'S STATIC WATER LEVELft.						
		WELL WAS USE	D AS:				
	WN E-	1 Domesti	io 5 Publis	c Water Supply	y 9 Dewaterin	ıa	
N	WN E-	2 Irrigat	ion 60ilF	ield Water Sup	oply 🐧 Monitorin	g Well	
3 Feedlot 7 Lawn and Garden Only 11 Injection Well W E 4 Industrial 8 Air Conditioning 12 Other							
S W————————————————————————————————————							
If yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes No							
S							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) ②PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter. Zin. Was casing pulled? Yes. No If yes, how much							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout & Bentonite 4 Other							
2/ .1							
Grout Plug Intervals: From 36.4ft. toft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit Fuel storage 16 Other (specify below)							
2 Sewer lines 7 Pit privy 12 Fertilizer storage							
4 Lateral lines 9 Feedyard 14 Abandoned water well							
	s Pool	10 Livestock pen			on'		
Directi	on from well? .		How many	feet?			
FROM	то	PLUGGING MATERIALS	.d	* Fd. Rile	y Coordinates		
36.4	I' K	Bentonite Chips					
1'		Concrete		N. 286	N 396.3		
	0	CONCRETE			•		
				E 2,3	39, 889.0		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		× 1					
		WARMI					
7 CONTRAC	TOPIC OF LANDO	MED/S CEDITETOATION-TH;	e water well we	ne nlunnad und	er my jurisdiction	and was completed	
on (mo)	day/year)	NER'S CERTIFICATION: Thi	s record is tru	e to the best	of my knowledge a	nd belief. Kansas	
Water \	Vell Contractor'	s License No	This ss name of	Water Well R	ecord was completed	d on (mo/day/year)	
on (mo/day/year)							

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.