1 LOCATION OF WATER WELL:	Fraction *See Below W1/2/4NW1/4 NE1/4	Section Number 18	Township Number 11	Range Number 6E
County: Riley				

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

Bldg 5320   Ashby Ave   Ft. Riley KS   (See Attached Drawing)

2 | WATER WELL OWNER: U.S. Army Corps of Engineers   Well # MW94-9

RR#, St. Address, Box #: 601 E. 12th St.

City, State, ZIP Code: Kansas City MO 64106

Board of Agriculture, Division of Water Resources
Application Number:

---

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

N

(section grid with NW, NE, SW, SE labels)

W _____ E

S

4 | DEPTH OF WELL...........24.6......ft.

WELL'S STATIC WATER LEVEL....10.1.....ft.

WELL WAS USED AS:

1 Domestic   5 Public Water Supply   9 Dewatering
2 Irrigation   6 Oil Field Water Supply   10 Monitoring Well
3 Feedlot   7 Lawn and Garden Only   11 Injection Well
4 Industrial   8 Air Conditioning   12 Other....................

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   7 Fiberglass   9 Other (specify below)
(2)PVC   4 ABS   6 Asbestos-Cement 8 Concrete Tile   ....

Blank casing diameter......2..in.   Was casing pulled? Yes...... No..✓.. If yes, how much...........
Casing height above or below land surface..Flush Mount Cover.......in.   Casing drilled out to 6'

---

6 | GROUT PLUG MATERIAL: 1 Neat cement   2 Cement grout   (3)Bentonite   4 Other.........................

Grout Plug Intervals: From24.6ft. to...1...ft., From......ft. to ......ft., From...... to......ft.

What is the nearest source of possible contamination:

1 Septic tank   6 Seepage pit   (11)Fuel storage   16 Other (specify below)
2 Sewer lines   7 Pit privy   12 Fertilizer storage   ....
3 Watertight sewer lines 8 Sewage lagoon   13 Insecticide storage
4 Lateral lines   9 Feedyard   14 Abandoned water well
5 Cess Pool   10 Livestock pens   15 Oil well/Gas well

Direction from well? ....SW........   How many feet? ...± 150'........

FROM	TO	PLUGGING MATERIALS
24.6'	1'	Bentonite Chips
1'	0	Compacted Soil

* Ft. Riley Coordinates

N. 280,409.6

E 2,339,954.4

Elev 1317.1

---

7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed on (mo/day/year).......4.17.98... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....510...... This Water Well Record was completed on (mo/day/year) ....5.28.98.......... under the business name of .....MIKON...Corporation..................

by (signature) ....David Kumm..

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.