					Γ		
1 LOCATIO	N OF WATER W	ELL:	Fraction A See Below	Section Number	Township Number	Range Number	
County: {	Riley		4 See Below SE51/4/WW/4/WW/4	023		65	
Distance and direction from nearest town or city street address of well if located within city? (See Attack)							
Former Bldg 1915 ± 250 N of Intersection A St. ± 12 St. Camp Function, Ft. Riley KS 2 WATER WELL OWNER: U.S. Army Corps of Engineers Well & MW-2							
2 WATER WELL'OWNER: U.S. Hrmy Corps of Engineers Well # MW-2							
RR#, St. Address, Box #: 60 E. 12th St. Board of Agriculture, Division of Water Resources City, State, ZIP Code: KAUSAS CITY MO 64106 Application Number:							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
WELL'S STATIC WATER LEVEL35.7ft.							
	WELL WAS USED AS:						
N	W	N E	1 Domestic	5 Public Water Sup	ply 9 Dewaterin	9 Dewatering	
			2 Irrigation 3 Feedlot	6 Oil Field Water	Supply 🕬 Monitorin	"	
w		E		8 Air Conditioning	•		
	S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo 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)							
©PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Sentonite 4 Other							
Grout Plug Intervals: From 52.5ft. toft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage db Other (specify below)							
	2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage Former 051						
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well?							
FROM	то	PLU	JGGING MATERIALS				
52.5	ľ		onite Chips	* Approxim	rate F4. Riley Co	ardinates	
1	0	Compa	oted Soil	N. 2	RI 600		
				E 2,	357,300		
			Make the state of				
7 CONTRACTOR'S OR LANDOWNER'S, GERTIFICATION: This water well was plugged under my jurisdiction and was completed							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
by (signature) will be a summer of MIKON Corporation							
by (Signacule) retworkers.							

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.