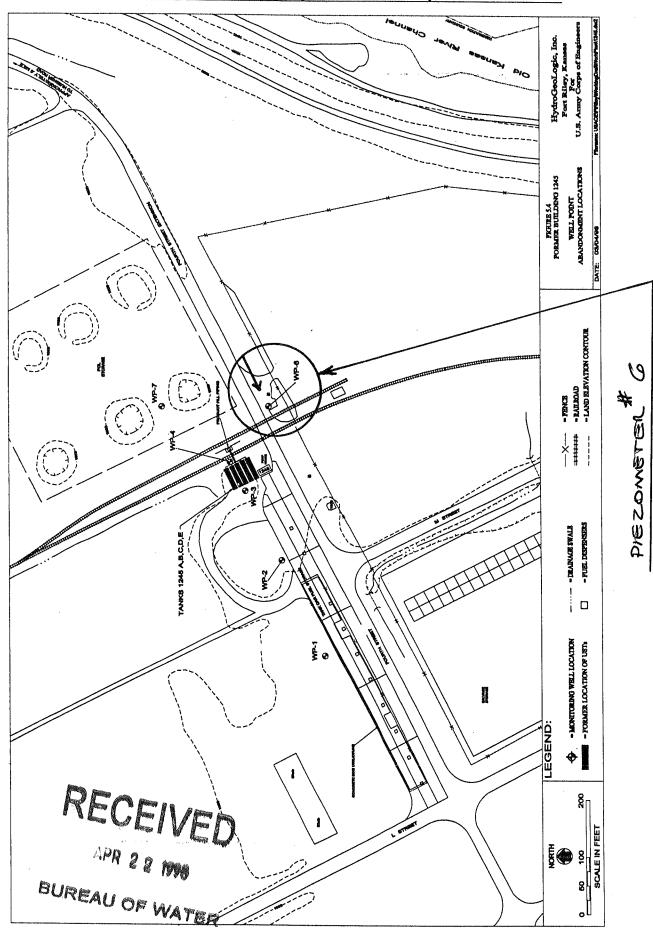
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|---|--|--|-------------------------------|-------------------|
| County: GEMY | SC 1/4 NE1/4 1/4 | 3/ | | 66 |
| Distance and direction from nearest town or city street address of well if located within city? | | | | |
| FORT RILBY KS CAMP FURTON BLOG 1245 WP-6 2 WATER WELL OWNER: US ARMY CORPS OF SWENESONS | | | | |
| RR#, St. Address, Box #: 601 & 1278 \$ T Board of Agriculture, Division of Water Resources | | | | |
| City, State, ZIP Code: KC, MO. 64104 Application Number: | | | | |
| MARK WELL'S LOCATION WITH 4 DEPTH OF WELL | | | | |
| D. Show Car | WELL WAS USED AS: | | 44000 | METEM |
| POBACE SOCI | 1 Domestic | 5 Public Water Sup | ply 9 Dewaterin | ng |
| ATTACHED DWG | 2 Irrigation 3 Feedlot 4 Industrial | 6 Oil Field Water : 7 Lawn and Garden : 8 Air Conditioning | Only 11 Injection 12 Other | Well |
| 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.X | | | | |
| S | | | | |
| 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 diameterin. Was casing pulled? Yes.X No If yes, how much | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | |
| Grout Plug Intervals: From.25.ft. to.3ft., Fromft. toft., From | | | | |
| What is the nearest source of possible contamination: | | | | |
| 1 Septic tank 2 Sewer lines | 7 Pit privy | 11 Fuel storage12 Fertilizer stora | ge " | pecify below) |
| 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool | 8 Sewage lagoon 9 Feedyard 10 Livestock pens | 13 Insecticide stor14 Abandoned water15 Oil well/Gas wel | PICE COMPANY | en ust |
| Direction from well? How many feet? | | | | |
| FROM TO PL | JGGING MATERIALS | | | |
| 25 3 Barr | oli Va | | | |
| 3 O CLAY | 4 MATING | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S | CERTIFICATION:This wate | r well was blugged u | ınder 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). 4 | | | | |
| by (signature) | | | | |
| 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. | | | | |

No.



U.S. Army Corps of Engineers—Kansas City District