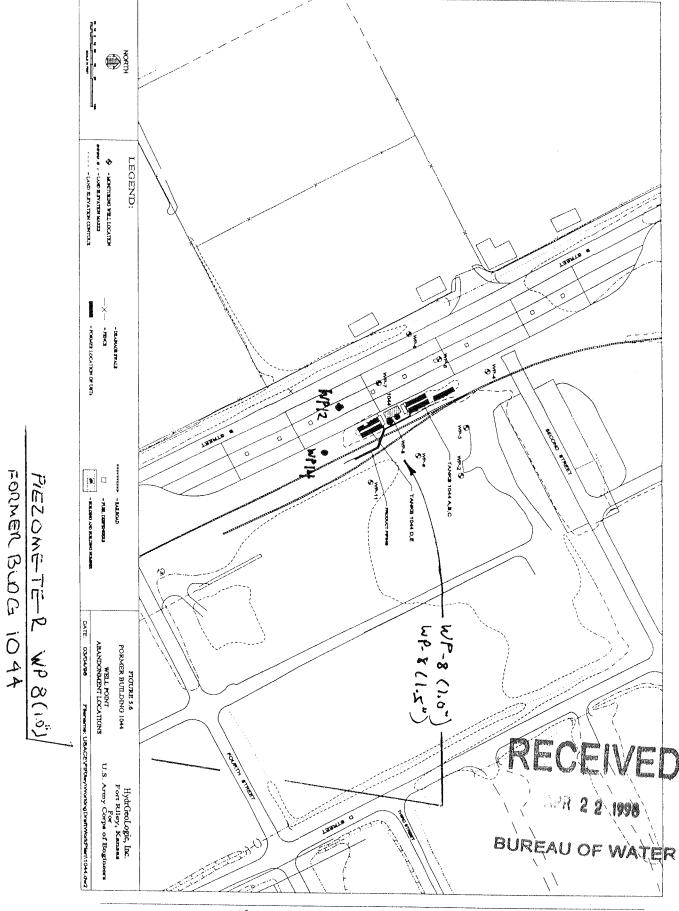
| 1 LOCATION | OF WATER | WELL: | Fraction | s | ection Number | Township | Number | Range Number |
|---|----------|-------|--------------------------------------|---------------------------------|------------------|--|--------|-------------------------|
| County: | ENRY | l S | W 1/4 N E 1/4 1. | 14 | 31 | 1) | S | 65 |
| Distance and direction from nearest town or city street address of well if located within city? FIRE LEVILS CAMP FORSTON FORMER BUG 1044 WP 8(1) WATER WELL OWNER: US MMY CORPS & EN GINGERS RR#, St. Address, Box #: City, State, ZIP Code: K | | | | | | | | |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 20.0 ft. | | | | | | | | |
| PL DW PITT | S 5 5 6 | N E | Was a chemical/b If yes, mo/day/y | 5 n 6 7 l 8 acteric | e was submitted. | Supply 10 Only 11 (12) We submitted to | | g Well Well TER ~ |
| Water Well Disinfected: Yes No.X. | | | | | | | | |
| 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 | | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify be 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well 5 7 TES | | | | | | | | |
| Direction from well? How many feet? | | | | | | | | |
| FROM | то | PLL | GGING MATERIALS | | | | | |
| 239 | 3.0 | Reto | iti | | C-1500 | n do a | C 0 | Commence |
| 3.0 | O | clay- | the Norme | | Caor | ing u | THE | stail s |
| | | | | | | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, | | | | | | | | |

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.



HydroGeoLogic, Inc.—Working Draft Work Plan—Fort Riley, Kansas