

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Johnson</u>		NE 1/4 NE 1/4 NE 1/4	17	T 13 S	R 22 EM
Distance and direction from nearest town or city street address of well if located within city? <u>1 mile south of Clearview City, KS.</u>					
2 WATER WELL OWNER: Sunflower Army Ammunition Plant RR#, St. Address, Box # : DeSoto, Kansas P.O. Box 549 City, State, ZIP Code : Well No. MW 81-50 35425 W. 103rd St Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>63.7</u> ft. ELEVATION: <u>890.24</u> ft.			
1 Mile		Depth(s) Groundwater Encountered <u>1.64</u> ft. 2. <u>6.4</u> ft. 3. <u>6.4</u> ft.			
		WELL'S STATIC WATER LEVEL <u>6.4</u> ft. below land surface measured on mo/day/yr <u>8-18-95</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
1 Domestic		3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation		4 Industrial	7 Lawn and garden only	<u>10</u> Monitoring well <u>X</u>	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>X</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
<u>2 PVC</u> <u>X</u>		4 ABS	7 Fiberglass		Welded _____
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.		Threaded _____			
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)			
1 Continuous slot		<u>3 Mill slot</u>	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
SCREEN-PERFORATED INTERVALS: From <u>13.0</u> ft. to <u>63.0</u> ft., From _____ ft. to _____ ft.		7 Torch cut			
GRAVEL PACK INTERVALS: From <u>11.0</u> ft. to <u>63.7</u> ft., From _____ ft. to _____ ft.		10 Other (specify) _____			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite <u>4 Other</u> <u>microfine cement</u>					
Grout Intervals: From <u>3.0</u> ft. to <u>63.7</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	<u>16</u> Other (specify below)
				13 Insecticide storage	Settling Pond A _____
Direction from well? <u>west</u>		How many feet? <u>600</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>3.0</u>	<u>0.0</u>	clay soil
			<u>63.7</u>	<u>3.0</u>	Well abandoned by staged pressure grouting with ADDIMENT-MICROCEM microfine cement grout. Packer placed approx. 10' above bottom of well, 12 to 25 gallons of grout was pumped at up to 50psi. The packer was moved up another 10' and another 12 to 25 gallons of grout was pumped into that interval at up to 50psi. The procedure was repeated until the well annulus and casing were filled to the surface with grout. All surface features were removed, the well casing was excavated to 3', the casing cut off and hole backfilled with clay soil and tamped. Calculated grout volume = 79.5 gallons Actual grout take = 75 gallons
		CF: KDHE, BUR. Water			
		SFAAP			
		USACE-MRK-EP-GG			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <u>(3) plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>8-18-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>27 SEP. 1995</u> under the business name of <u>US ARMY CORPS OF ENGINEERS</u> by (signature) <u>[Signature]</u>					
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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					