mw-2-24

WATER V	VELL RECORD)	Form W	WC-5	Div	vision of Wate	r Resources App. No	_{o.} L	
1 LOCAT	ION OF WATER V	VELL: F	raction		Section	on Number	Township No.	Range Number	
County:	Abette		14 5W 14 5u	1 1/2 Navy				R 20 XE UW	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here									
KANSAS Army Amunition Plant						Longitude: 95.1.193(in decimal degrees)			
					Elevation:				
SCUTT Rd + 2400 ROAD 2 WATER WELL OWNER: US ARMY Corps of Engineers					Datum: WGS 84, NAD 83, NAD 27				
2 WATER WELL OWNER: US ARMY Corps of Engineer Collection Method: RR#, Street Address, Box #: Collection Method:									
Circ State 7IP Code GO! E 18 51									
2m: 463 Lansas cuty Mo 6406 Est. Accuracy: 3 m. 3-5 m. 5-15 m. >15 m									
	N "X" IN 4 DE	PTH OF CO	MPLETED WEI	.L38.		ft.			
SECTIO	SECTION BOX: Depth(s) Groundwater Encountered (1)								
WELL'S STATIC WATER LEVEL. 3.6ft below land surface measured on mo/day/yr									
Pump test data: Well water was									
w									
WELL WATER TO BE USED AS: □ Public water supply □ Geothermal □ Injection well									
sw se Domestic Feedlot Oil field water supply Dewatering Other (Specify below)									
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☒ Monitoring well									
S If yes, mo/day/yr sample was submitted									
mile Water well disinfected? ☐ Yes 🛣 No									
5 TYPE OF CASING USED: Steel VPC Other									
CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
Casing height above land surface30 in., Weight									
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Strong Other (Specify)									
Brass Galvanized Steel None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)									
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)									
From									
GRAVEL PACK INTERVALS: From									
From									
Grout Interv	vals: From	2 ft. to		n	ft.to	ft	From	. fi. tofi	
	nearest source of pos		•			,	_		
		Lateral lines		Livestock p		Insecticide		er (specify below)	
		Cesspool Seepage pit	Sewage lagoon	☐ Fuel storage ☐ Fertilizer st		☐ Abandoned ☐ Oil well/ga			
		THOLOGIC		FROM	TO			GGING INTERVALS	
0 6									
6' 19		<u> </u>							
19' 3	8 SHALE			-					
<u> </u>				- 					
				-				<u> </u>	

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged									
under my jurisdiction and was completed on (mo/day/year) !!: !!									
under the business name of . Casicade Dalling Lo. by (signature)									
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367									
(white, blue, pi	ink) to Kansas Departmen	it of Health and	Environment, Bureau	of Water, Geolo	gy Section	m, 1000 SW Jak	ckson St., Suite 420, 1	Topeka, Kansas 66612-1367	
	296-5522. Send one co leks.gov/waterwell/index.h		WELL OWNER and	retain one for y	our record	us. INCIUGE <u>Je</u> g	or 33 Ok. Hot, each CI	onstructed well. Visit us a	
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy									