

1 LOCATION OF WATER WELL: County: <u>RILEY</u>	Fraction <u>* See Below</u> <u>NC 1/4 Sec 14</u>	Section Number <u>18</u>	Township Number <u>6</u>	Range Number <u>11E</u>
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Distance and direction from nearest town or city street address of well if located within city?
Near Bldg 1470, Fifth & B Streets CAMP FUNSTON Ft. Riley KS (SEE Attached drawing)

2 WATER WELL OWNER: <u>U.S Army Corps of Engineers</u> <u>601 E. 12th St.</u>	WELL # <u>MW94-3</u>
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RR#, St. Address, Box #:
City, State, ZIP Code : KANSAS CITY, MO 64106

Board of Agriculture, Division of Water Resources
Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="4">S</td></tr> </table>	N W		N E		W			E	S W		S E		S				4 DEPTH OF WELL..... <u>32.9</u>ft. WELL'S STATIC WATER LEVEL..... <u>23.3</u>ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes....No... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... <input checked="" type="checkbox"/> No.....	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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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 diameter.....2.....in. Was casing pulled? Yes..... No...☒ If yes, how much.....
Casing height above or below land surface.....FLUSH MOUNT COVER.....in. Casing drilled to 6' depth

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....Soil.....
Grout Plug Intervals: From 32.9 ft. to 1 ft., From 1 ft. to 0 ft., From..... to.....ft.
What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	18 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	<u>Former UST</u>
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well?SW..... How many feet?± 230'.....

FROM	TO	PLUGGING MATERIALS
32.9	1	Bentonite Chips
1	0	Compacted Soil

*
Ft. Riley Coordinates
N 278,111.7
E 235,8761.5
ELEV: 1032.5

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>4.13/98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>510</u> This Water Well Record was completed on (mo/day/year)..... <u>5/28/98</u> under the business name of <u>MIKAN Corporation</u> by (signature) <u>David Brann</u>	
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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.