

1 LOCATION OF WATER WELL: County: <u>Riley</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>1</u>	Township Number T <u>9</u> S	Range Number R <u>4</u> E
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Distance and direction from nearest town or city street address of well if located within city?
One half mile east of Bala

2 WATER WELL OWNER: Department of Army
 RR#, St. Address, Box #: Directorate of Contracting
 City, State, ZIP Code: Headquarters, 1st Infantry Division (Mech) and Ft. Riley
 Application Number: Board of Agriculture, Division of Water Resources
Ft. Riley, KS, 66472-5000

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>999</u> ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. 999 ft. 2. 999 ft. 3. 999 ft.

WELL'S STATIC WATER LEVEL 999 ft. below land surface measured on mo/day/yr

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	10 Monitoring well	

5 Public water supply 8 Air conditioning 11 Injection well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 <u>PVC</u>	4 ABS	7 Fiberglass		Threaded _____

Blank casing diameter 4 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 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) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 <u>Mill slot</u>	6 Wire wrapped	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From 999 ft. to 999 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout intervals: From 2 ft. to 0 ft., From _____ ft. to _____ 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	16 Other (specify below)
			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			<u>2'</u>		<u>Surface Bentonite Chip</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7/10/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594 This Water Well Record was completed on (mo/day/yr) 7/19/96 under the business name of Coranco, Inc. by (signature) David L Cookston

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.

OFFICE USE ONLY
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