

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Geary

Location changed to:

27-11S-5E

SE NW NE SE

Location listed as:

Section-Township-Range: 27-11S-5E

Fraction (1/4 1/4 1/4): SW SE NE

Other changes: Initial statements: Riley County

Changed to: Geary County

Comments:

verification method: Latitude & longitude & KGS' "LEO" conversion tool,
and mapping tool on KGS website.

initials: ORA date: 6/21/2012

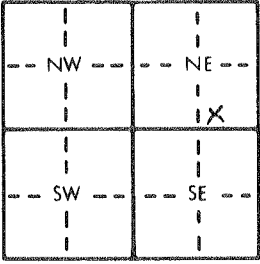
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

C Type

1 LOCATION OF WATER WELL: Fraction SW 1/4 SE 1/4 NE 1/4 Section Number 27 Township Number T 11 S Range Number R 5 E
 County: Riley

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Dept. of Army Contracting
 RR#, St. Address, Box #: Headquarters of 1st Infantry Division (Mech) and Ft. Riley Board of Agriculture, Division of Water Resource
 City, State, ZIP Code: Ft. Riley, KS 66442-5000 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL: 41.5 ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1. 999 ft. 2. _____ ft. 3. _____ 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:
 5 Public water supply 8 Air conditioning 11 Injection well
 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 _____
 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) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 48' 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. Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 999 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 41.5 ft. to 5 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>41.5'</u>	<u>5.0'</u>	<u>Chlorinated Clean Fill Sand</u>
			<u>5.0'</u>	<u>4.5'</u>	<u>Concrete Cap</u>
			<u>4.5'</u>	<u>Surface</u>	<u>Fill Dirt</u>
		This is an 18 inch dewater well near the Republican River near Camp Forsyth at Ft. Riley. No section numbers are on the map so section numbers are based upon where they would be found if they were printed on the map. Latitude: <u>39° 03' 55"</u> Longitude: <u>96° 51' 14"</u> UTM <u>4326005 N</u> <u>685691 E</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) 10-21-96 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) _____ 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.