

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

Location listed as:

Section-Township-Range: None Given

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): \_\_\_\_\_

County: Geary

Location changed to:

25-11S-5E

SE NW SE NE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: legal description determined by projecting regular Kansas survey system over Fort Riley.

verification method: Latitude & Longitude, KGS' "LEO" conversion tool, and Junction City 1:24,000 topo. map.

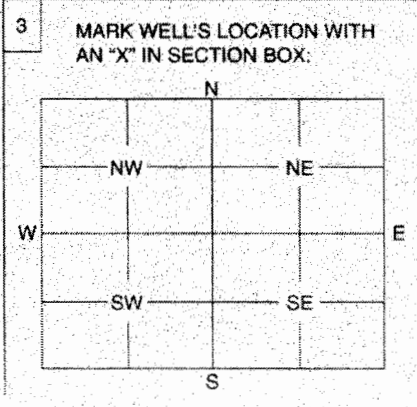
initials: ARD date: 10/15/2008

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.

1 LOCATION OF WATER WELL: **Geary** Fraction (see notes below) Section Number Township Number Range Number  
 County: **Geary**  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  E/W

Distance and direction from nearest town or city street address of well if located within city? **39° 04' .0833044 & 96° 48' .9842209 (S)**  
**Camp Forsyth, Fort Riley Kansas** Longitude and Latitude

2 WATER WELL OWNER: **Fort Riley Kansas**  
**Attn: David Jones**  
 RR #, St. Address, Box #: **407 Pershing Court** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Fort Riley Kansas** Application Number:



4 DEPTH OF WELL **70** ft. Debris in upper portion of well unable to collect SWL  
 WELL'S STATIC WATER LEVEL **NA** ft.  
 WELL WAS USED AS:  
 1 Domestic 5 Public Water Supply 9 Dewatering  
 2 Irrigation 6 Oil Field Water Supply 10 **Monitoring Well**  
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well  
 4 Industrial 8 Air Conditioning 12 Other  
 Was a chemical / bacteriological sample submitted to Department? Yes No **X**  
 If yes, mo/day/yr sample was submitted  
 Water Well Disinfected: Yes No **X**

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 **X** No If yes, how much **70'**  
 Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **silts/clays**  
 Grout Plug Intervals: From **13** ft. to **3** ft., From **3** ft. to **0** ft., From to ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)  
 2 Sewer lines 7 Pit privy 12 Fertilizer storage  
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage  
 4 Lateral lines 9 Feedyard 14 Abandoned water well  
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well  
 Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
70	13	formation collapse after casing was pulled
13	3	Bentonite
3	0	silts/clays

This area on Fort Riley does not have Section Township and Range Legal descriptions available. The above description is by longitude/latitude

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **7-10-08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/year) **8-10-08** under the business name of **Associated Environmental, Inc.**  
 by (signature) *David Jones*

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.