

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

County: Geary

Location listed as:

Location changed to:

Section-Township-Range: None Given

25-11 S-5 E

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

SE NW SE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: Section, township, and range 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: DR date: 11/26/2008

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.

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

South

1 LOCATION OF WATER WELL: County: <u>Geary</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number	Township Number	Range Number E/W
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Distance and direction from nearest town or city street address of well if located within city?
Camp Forsyth, Fort Riley Kansas

2 WATER WELL OWNER: Fort Riley Kansas c/o David Jones RR#, St. Address, Box #: <u>407 Pershing Court</u> City, State ZIP Code: <u>Fort Riley Kansas</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39 04 .0833044</u> Longitude: <u>96 48 .9842209</u> Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>70</u> ft.	
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WELL'S STATIC WATER LEVEL NA ft
 Debris in upper portion of well unable to collect SWL
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring
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

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	_____

Blank casing diameter 2 in. Was casing pulled? Yes _____ No If yes, how much 70 feet
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement Cement grout Bentonite Other silts/clays

Grout Plug Intervals: From 3 ft. to 13 ft., From 4 ft. to 3 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	Direction from well? _____
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
70	13	formation collapse			
		following casing pulled			
13	3	bentonite			
3	0	silts/clays			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 07/10/08 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) 08/10/08 under the business name of Associated Environmental, Inc by (signature)

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.