

**CORRECTION(S) TO WATER WELL RECORD (WWC-5)**

(to rectify lacking or incorrect information)

County: Geary

Location listed as:

Section-Township-Range: None Given

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

Location changed to:

28-11S-6E

NE NW SW

Other changes: Initial statements: Riley County

Changed to: Geary County

Comments: \_\_\_\_\_

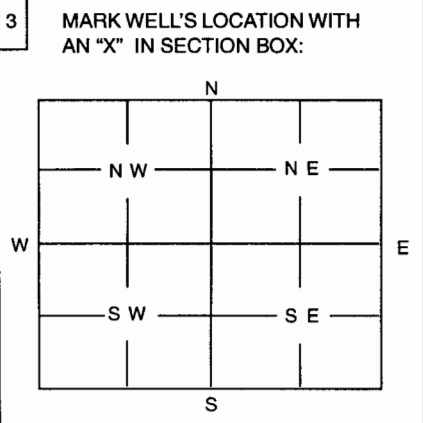
verification method: Phone call to well owner, and  
Junction City 1:24,000 topo. map.

initials: DR date: 9/23/2005

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>RILEY</u>	<u>1/4</u> <u>1/4</u> <u>1/4</u>			

Distance and direction from nearest town or city street address of well if located within city?  
~ 50 FEET EAST OF BUILDING 367, FT. RILEY, KS

2 WATER WELL OWNER: <u>Fort Riley DIRECTORATE OF ENVIRONMENT AND SAFETY</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>407 PERSHING COURT</u>	Application Number:
City, State, ZIP Code : <u>FORT RILEY, KANSAS 66442</u>	



4 DEPTH OF WELL ..... 57.5 ..... ft

WELL'S STATIC WATER LEVEL ..... 49 ..... ft.

WELL WAS USED AS:

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

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	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter ..... in.      Was casing pulled? Yes  No .....

Casing height above or below land surface ..... 24 ..... in.      If yes, how much ..... 5' .....

6 GROUT PLUG MATERIAL:  Neat cement    2 Cement grout    3 Bentonite    4 Other .....

Grout Plug Intervals: From 57.5 ft. to 0.0 ft., From ..... ft. to ..... 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

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 02/18/2004 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 529 This Water Well Record was completed on (mo/day/year) 02/18/2004 under the business name of GEO TECHNOLOGY, INC. by (signature) [Signature]

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.