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

(to rectify lacking or incorrect information)

County: Riley

Location listed as:	**Location changed to:**
Section-Township-Range: None Given	5 - 11 S - 6 E
Fraction (¼ ¼ ¼):	N2 S2

Other changes: Initial statements: _____

Changed to: _____

Comments: Section, Township, Range, and quarters were determined by projecting the normal Public Land Survey System over Fort Riley.

verification method: Latitude and longitude, and Junction City 1:24,000 topo. map.

initials: DRL date: 5/1/2006

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.

Coordinates: KSN 1501: NAD 83 meters
Northing 88321.83 Lat: 39° 07' 21.51", Long: 96° 47' 21.17" W
Easting 504697.25

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. CH 91-9

1 LOCATION OF WATER WELL: County: Riley	Fraction ¼ ¼ ¼	Section Number	Township Number	Range Number E/W

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

2 WATER WELL OWNER: Ft Riley Directorate of Environment & Safety
RR #, St. Address, Box #: Building 470 Pershing Ct.
City, State, ZIP Code : Ft Riley KS 66449
Board of Agriculture, Division of Water Resources
Application Number:

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

N / NW / NE / W / E / SW / SE / S

4 DEPTH OF WELL ....38.2.... ft.

WELL'S STATIC WATER LEVEL ..25.6.. 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 ..4.. in. Was casing pulled? Yes ..X.. No ...... If yes, how much ..5.5 ft...
Casing height ~~above~~ (or below) land surface ..-36.. in.

6 GROUT PLUG MATERIAL: (1 Neat cement) 2 Cement grout 3 Bentonite 4 Other ......
Grout Plug Intervals: From ..38.2.. ft. to ..3.. 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 ..landfill..
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? ..S.. How many feet? ..100..

FROM	TO	PLUGGING MATERIALS
0	3	Top Soil
3	38.2	Neat Cement

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..JAN 24, 2006.. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..N/A.. This Water Well Record was completed on (mo/day/year) ..JAN. 31, 2006.. under the business name of ..USACE..
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, 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.