

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: Riley

Location changed to:

5-11S-6E

SW SW SE

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: ORA 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 15015 NAD 83 meters

Northing 87809.06

Lat: 39° 07' 04.82" N, Long: 96° 47' 15.23" W

Easting 504846.83

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

CH 91-10

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County:		1/4	1/4	1/4			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 #:		Bldg. 470 Pershing Ct	
City, State, ZIP Code :		Ft Riley KS 666449	
		Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	58.5	ft.		
		WELL'S STATIC WATER LEVEL				49.5	ft.
		WELL WAS USED AS:					
		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial		5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning		9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other	
		Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>					

5	TYPE OF BLANK CASING USED:
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)	
Blank casing diameter <u>4</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>5.5 ft.</u> Casing height above or below land surface <u>36</u> in.	

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Plug Intervals: From <u>58.5</u> ft. to <u>3</u> ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) <u>land fill</u>					
Direction from well? <u>NW</u> How many feet? <u>100</u>					

FROM	TO	PLUGGING MATERIALS
0	3	Top soil
3	58.5	Neat Cement

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>JAN. 24, 2006</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NA</u> This Water Well Record was completed on (mo/day/year) <u>JAN. 31, 2006</u> under the business name of <u>WSACE</u> by (signature) <u>[Signature]</u>
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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.