

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:

29-11S-6E

E2 SW

Other changes: Initial statements: Riley County

Changed to: Geary County

Comments: Legal description determined by projecting normal  
Public Land Survey System over Fort Riley.

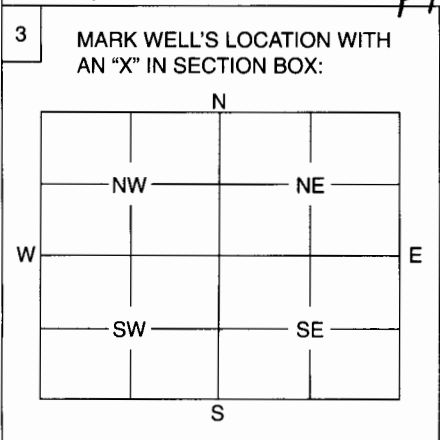
verification method: Latitude and longitude, and Junction City  
1:24,000 topo. map.

initials: ORL date: 5/19/2006

|                           |   |                |                 |              |
|---------------------------|---|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction                                  | Section Number | Township Number | Range Number |
| County: <u>Riley</u>      | $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ |                |                 | E/W          |

Distance and direction from nearest town or city street address of well if located within city?  
Lat/Long 39°03'45.108"N 47°29.547"W

2 WATER WELL OWNER: Ft Riley Directorate of Environment & Safety  
 RR #, St. Address, Box #: Box 407 Pershing Ct Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Ft Riley KS Application Number:



4 DEPTH OF WELL 39.6 ft.  
 WELL'S STATIC WATER LEVEL 38.7 ft.  
 WELL WAS USED AS:

|              |                            |                           |
|--------------|----------------------------|---------------------------|
| 1 Domestic   | 5 Public Water Supply      | 9 <u>Dewatering</u>       |
| 2 Irrigation | 6 Oil Field Water Supply   | 10 <u>Monitoring Well</u> |
| 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 <u>PVC</u> | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter 2 in. Was casing pulled? Yes X No ..... If yes, how much 2.9'  
 Casing height above or below land surface 3.0 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite Other 5% Bentonite-Cement Grout  
 Grout Plug Intervals: From 39.6 ft. to 3.0 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 <u>Livestock pens</u> | 15 Oil well/Gas well    |                          |

Direction from well? N How many feet? 500

| FROM        | TO       | PLUGGING MATERIALS          |
|-------------|----------|-----------------------------|
| <u>39.6</u> | <u>3</u> | <u>5% Bentonite - Grout</u> |
| <u>3</u>    | <u>0</u> | <u>Topsoil</u>              |
|             |          |                             |
|             |          |                             |
|             |          |                             |
|             |          |                             |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/14/06 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) 2/24/06 under the business name of USACE by (signature) Jennifer DeSinger

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.