

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

27-11S-6E

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

N2 N2 S2 SW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

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: DRJ date: 6/1/2006

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.

LOCATION  
 39° 03' 42.086" N  
 96° 45' 24.531" W

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>Geary</u>	¼    ¼    ¼			E/W

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

2 WATER WELL OWNER: Ft Riley Environmental Division - DPW ATTN Dave Jones  
 RR #, St. Address, Box #: 407 Pershing Ct  
 City, State, ZIP Code: Ft Riley KS 66442  
 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 ..... 30.2 ft.  
 WELL'S STATIC WATER LEVEL ..... 20.2 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 ..... 2 in.    Was casing pulled? Yes X No ..... If yes, how much ..... 13.7  
 Casing height above or below land surface ..... 31.0 ft.    10.8'

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other .....

Grout Plug Intervals: From 3 ft. to 30.2 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    12 Fertilizer storage  
 2 Sewer lines    7 Pit privy    13 Insecticide storage  
 3 Watertight sewer lines    8 Sewage lagoon    14 Abandoned water well  
 4 Lateral lines    9 Feedyard    15 Oil well/Gas well  
 5 Cess pool    10 Livestock pens

Direction from well? ..... S    How many feet? ..... 500  
 16 Other (specify below) Air Field

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3'</u>	<u>Native Soil</u>
<u>3'</u>	<u>30.2'</u>	<u>Neat Cement</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/05/06 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) 04/07/06 under the business name of USACE by (signature) Robert D Woody

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.