

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: Geary

Location changed to:

32-11S-6E

N2 NE NE

Other changes: Initial statements: No county name given.

Changed to: Geary County

Comments: Section, township, and range determined by projecting normal Kansas survey system over Fort Riley.

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

initials: DRJ date: 6/26/2006

LOCATION

39° 03' 28.120" N

96° 46' 55.445" W

1	LOCATION OF WATER WELL:	Fraction 1/4 1/4 1/4	Section Number	Township Number	Range Number
County: _____ 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: Attn Bob Anderson
 RR #, St. Address, Box #: Bldg 407 Pershing Ct Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Ft Riley Ks 66442 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 29.5 ft.
 WELL'S STATIC WATER LEVEL UNKNOWN
 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 PVC 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
 2 Steel 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter 3 in. Was casing pulled? Yes X No _____ If yes, how much 3
 Casing height above of below and surface 30 in. 36"

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From _____ 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 Livestock pens 15 Oil well/Gas well
 Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
29.5	3.0	Neat Cement
3.0	0	Native Soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/19/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 4/25/06 under the business name of USAAC 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.