

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:

27-11S-6E

NW SW SE SE NW

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.

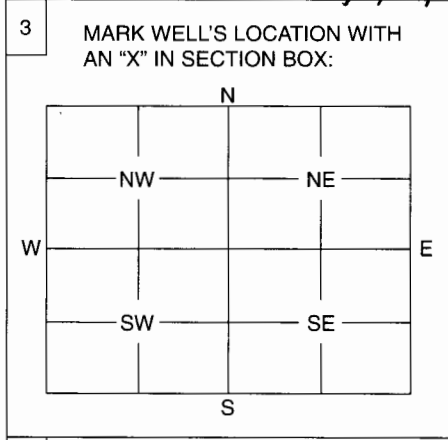
initials: ARL date: 6/26/2006

LOCATION  
 39° 03' 59.848" N  
 96° 45' 15.909" W

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 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:



4 DEPTH OF WELL ..... 31.0 ..... ft. BGS  
 WELL'S STATIC WATER LEVEL NC ft. Not Collected  
 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 3 .....

Casing height above below land surface ..... 30 in. 36"

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

Grout Plug Intervals: From 31.0 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 .....

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
<u>31.0</u>	<u>3.0</u>	<u>Neat Cement</u>
<u>3.0</u>	<u>0</u>	<u>Native Soil</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/18/06 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) 4/29/06 under the business name of USACE by (signature) Robert E. Wood

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.