

## CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: None GivenFraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): \_\_\_\_\_County: Geary

Location changed to:

32 - 11 S - 6 EN2 N2 NE NE NWOther changes: Initial statements: Lat./long. given as N 38° 56' 55.06" and  
E 96° 47' 31.95"Changed to: 39° 03' 30.41" N, 96° 47' 25.19" W.Comments: Section, township, and range determined by projecting  
normal Kansas survey system over Fort Riley.verification method: Latitude & longitude (per e-mail communication  
with well owner representative), and Junction City  
1:24,000 topo. map. initials: DRJ date: 2/16/2007

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

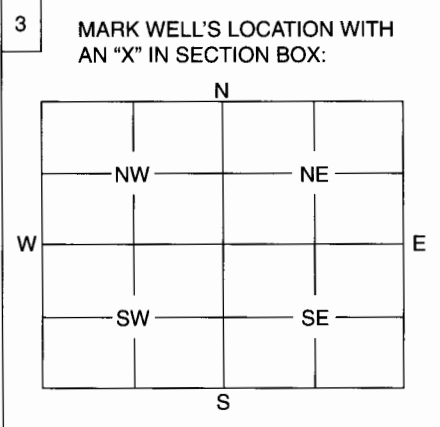
to: Kansas Dept of Health &amp; Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

N 226386.05  
E 1655823.12

1 LOCATION OF WATER WELL: Fraction  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  Section Number Township Number Range Number  
County: Geary 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 ..... 28.4 ..... ft. BLS  
WELL'S STATIC WATER LEVEL ..... 18.65 ..... ft. BLS  
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 ..... NA .....

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 ..... 30' 5.1 ft  
Casing height above or below land surface ..... 36 ..... in.

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

Grout Plug Intervals: From ..... 3 ..... ft. to 28.4 ..... 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
<u>0</u>	<u>3</u>	<u>Native Material</u>
<u>3</u>	<u>28.4</u>	<u>Neat Cement Grout</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 7-19-06 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... NA ..... This Water Well Record was completed on (mo/day/year) ..... 2.1.06 ..... under the business name of ..... US Army Corps of Engineer ..... 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.