

## 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:

29-115-6ESE SW NW SW

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

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

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: DRD date: 2/12/2007

267846.91 N  
16533898.09 E

KANSAS STATE PLANE  
NAD 83 1501N Feet

Geographic Coord.  
N 39 03 45.09  
E 96 47 49.34  
ID No. DLF 96-35

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

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

2 WATER WELL OWNER: Ft Riley Environmental Division Attn: Bob Anderson  
 RR #, St. Address, Box #: Bldg 407 Reshiny 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 NO DATA ft.  
 WELL'S STATIC WATER LEVEL NO DATA  
 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 1 in.      Was casing pulled? Yes X No .....      If yes, how much ~ 15'  
 Casing height above or below land surface ..... in.

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

Grout Plug Intervals: From ..... ft. to ..... 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
<del>2</del>	<del>3</del>	<del>Native Soil</del>
<u>NO DATA</u>		

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6 July 2006 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) 25 July 2006 under the business name of ..... by (signature) Robert E 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.