

## 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:

32-115-6ENE NE NW SE

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: ORL date: 2/14/2007submitted 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.

2666 70.5 N  
165 7324.76 E

KANSAS STAR PLANE  
NAD 83 1501 N Feet  
WATER WELL PLUGGING RECORD Form WWC-5P

Geographic Coordinates  
N 39 03 03.01  
E 96 47 06.11  
KSA 82a-1212 ID NO. ~~33796~~ 23  
B354-00-P223

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 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			
	SW		SE
			S

4 DEPTH OF WELL ..... 27.8 ..... ft. B65  
 WELL'S STATIC WATER LEVEL ..... 21.1 ..... ft. B65

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<u>10 Monitoring Well</u>
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:

<u>1 Steel</u>	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 BA For 6.0'  
 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 ..... 27.8 ..... 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 Soil</u>
<u>3</u>	<u>27.8</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) ..... 19 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) ..... 21 July 2006 ..... under the business name of ..... US Army Corps of Engineers ..... 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.