CORRECTION(S) TO WATER WE	LL RECORD (WWC-5)
(to rectify lacking or incorre	ect information)
	County: Geary
Location listed as:	Location changed to:
Section-Township-Range: None Given	29-115-6E
Fraction (1/4 1/4 1/4):	SE NW SE SW
Other changes: Initial statements:	
Changed to:	
normal Kansas survey system	ac determined by projecting
1	7/7
normal Kansas survey system	over fort Riley.
verification method: /atitude & /anitude	and True Har City
verification method: Latitude & longitude	, and sunction city
1:24,000 topo. map.	,

initials: DR4 date: 2/14/2007

submitted 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.

267292,94 N KANSAS STAK PLANE GOSINGAME COO.d.

N39 03 39.43

NAP 83 1501 N Feet E 96 47 31.63

WATER WELL PLUGGING RECORD FORM WWC-5P KSA 82a-1212 ID NO. DCF96-33 PZ

$\overline{}$								T =			
1			TER WELL:		Fraction	Section	Number	Township	Number	Range	Number
County: Cary					1/4 1/4 1/4						E/W
Distance and direction from nearest town or city street address of well if located within city?											
	- Ol - I A A A A A Annio 2000										
2	WATER	WELL OW	NER: P+ K	liky	ENVIRON MENTA	LI RIVIS	SINV: H	17710 130	op now	A EXELUTION	
	WATER WELL OWNER: Ft Riley Environmental Division: Attn Bob Anclesson RR #, St. Address, Box #: Blog 407 Pershin, Ct Board of Agriculture, Division of Water Resources City, State, ZIP Code: Ft Piley KS 66442 Application Number:										
3	3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL ft. 765										
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft. $oldsymbol{eta}$								165			
ſ	N			1	WELL WAS USED AS:						
	NW		 NE		1 Domestic	5 Public	Water Supply		9 Dewateri	na	
					2 Irrigation	6 Oil Fie	eld Water Supp	oly 🗸	0 Monitorin	ig Well	
w				E	3 Feedlot 4 Industrial		stic (Lawn & G anditioning	,	11 Injection 12 Other		
							ŭ				
	sw		SE	1	Was a chemical / bacteriolog If yes, mo/day/yr sample wa	gical sample s s submitted	submitted to De	epartment? Yes	; l	No	
					Water Well Disinfected: Ye						
'		S		1	water wen distillected. Te	5 INO	· x .				
5	TYPE C	F BLANK	CASING USED:	:							
H	1 Stee 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)										
Blank casing diameter											
6	GROUT	PLUG MA	IERIAL:	Nea	t cement grou	ıt 3 Ben	tonite 4	Other			
Grout Plug Intervals: From											
What is the nearest source of possible contamination:											
1 Septic tank 2 Sewer lines				6 Seepage pit7 Pit privy		11 Fuel storage 16 Other (specify below) 12 Fertilizer storage					
3 Watertight sewer lines				8 Sewage lagoon							
4 Lateral lines 5 Cess pool				9 Feedyard 14 Abandoned water well 10 Livestock pens 15 Oil well/Gas well							
			l?		·	feet?					
	Directi	JII HOIII WEI	1:		How many			•••••			
FROM TO PL			PLU	GGING MATERIALS							
	0	3	Ala	tre	Soil						
	3	16	1100	4	Soil Comment						
			1000		CMIL						
-											
-											
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on											
(mo/day/year)											
	2	4 July	ZOVE unde	r the	to sings pane of	SARN	y Cori	pr of	ENGIL	ec/21	
	by (signature)										
INI	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.