

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

(to rectify lacking or incorrect information)

County: Geary

Location listed as:

Section-Township-Range: None Given

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): \_\_\_\_\_

Location changed to:

29-11 S-6 E

N2 N2 SE 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: ORL date: 2/14/2007

267568.21 N  
1655382.43 E

KANSAS STATE PLANE  
NAD 83 1501 N Feet

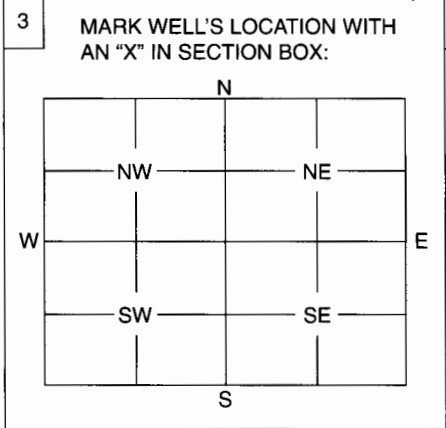
Geographic Coord.  
N 39 03 42.14  
E 96 47 30.58  
KSA 82a-1212 ID NO. DCF-96-28P2

WATER WELL PLUGGING RECORD Form WWC-5P

1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
County: Gearv  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  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:



4 DEPTH OF WELL ..... 28 ft. BGS  
WELL'S STATIC WATER LEVEL ..... 10 ft. BGS  
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 ..... 11.3 in. Was casing pulled? Yes X No ..... If yes, how much ..... 30 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 ..... 28 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>0</u>	<u>3</u>	<u>Native Soil</u>
<u>3</u>	<u>28</u>	<u>Neat Cement</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 06 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) ..... 24 July 06 under the business name of ..... US Army Corps of Engineers .....

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.