

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

(to rectify lacking or incorrect information)

County: Geary

Location listed as:

Location changed to:

Section-Township-Range: None Given

33-115-6E

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

W2 SW NE

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

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

Comments: Section, township, and range determined by projecting normal public land survey over Fort Riley.

verification method: Latitude & longitude, KGS' "LEO" conversion tool, and Junction City 1:24,000 topo. map.

initials: ARL date: 1/24/2008

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Gray Fraction 1/4 NW 1/4 PL 60M Section Number AVAILABLE Township Number T ON FORT RILEY Range Number E/W Distance and direction from nearest town or city street address of well if located within city? BLDG 719 FORT RILEY, KS. Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.05325 Longitude: 96.76966 Elevation: 1046 Datum: WGS 84 Data Collection Method: GPS

2 WATER WELL OWNER: FORT RILEY RR#, St. Address, Box #: Fort Riley Kansas City, State, ZIP Code: Bldgs. 719

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 3x3 grid with 'X' in the center] 4 DEPTH OF COMPLETED WELL: 800' ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 12 Other (Specify below) 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes..... No [X].....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes..... No [X].....

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass 8 Concrete tile CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... Blank casing diameter 3/4 in. to 200 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface..... in., Weight.....lbs./ft. Wall thickness or gauge No. SDR 11 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)..... 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)..... SCREEN-PERFORATED INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... Grout Intervals: From 200 ft. to 0 ft., From..... ft. to..... ft., From..... ft. to..... ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? NE How many feet? 75

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include soil, sand fine, med sand to gravel, shale light grey, limestone, shale grey, limestone, grey shale, limestone, light grey shale, and geothermal.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8/27/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 700 This Water Well Record was completed on (mo/day/year) 8/27/07 under the business name of ASSOCIATED DRILLING, Inc by (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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.