

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

County: Geary

Location listed as:

Section-Township-Range: None

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

Location changed to:

21-T11-6E

SW NW NE

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

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

Comments: \_\_\_\_\_

verification method: LEO, USGS Topo map

initials: PT date: 12/14/09

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.

N 39 05 09. 691

E 96 46 11. 603

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

WLF94-4B

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County:		1/4	1/4	1/4				E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: *Public Works Environmental Division*  
 RR #, St. Address, Box #: *404 Pershing Ct*  
 City, State, ZIP Code: *Ft Riley KS 66642*  
 Board of Agriculture, Division of Water Resources  
 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 ..... *45.6* ..... ft. *TOC*  
 WELL'S STATIC WATER LEVEL *34.6* ft. *TOC*  
 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 .....

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)
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter ..... *4* ..... in.      Was casing pulled?      Yes *X*      No .....      If yes, how much ..... *3.0* .....

Casing height above or below land surface ..... *2.3* ..... in.

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

Grout Plug Intervals:      From ..... *3.0* ..... ft.      to ..... *43.7* ..... 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
<i>0</i>	<i>3</i>	<i>Native Material</i>
<i>3.0</i>	<i>43.7</i>	<i>Cement Bentonite Grout</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... *29 Sept 09* ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No ..... This Water Well Record was completed on (mo/day/year) ..... *5 Oct 2009* ..... under the business name of ..... *USACE* ..... by (signature) ..... *John P. 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.