

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:

34-T11-6E

SW SE NW

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.

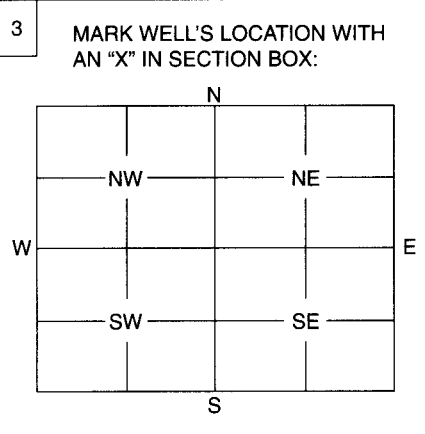
N 39 03 08.271

E 96 45 22.188

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?  
NA

2 WATER WELL OWNER: Public Works Environmental Division  
 RR #, St. Address, Box #: 404 Pershing Court  
 City, State, ZIP Code: Ft Riley, KS 66442  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... 246.2 ..... ft. TOC  
 WELL'S STATIC WATER LEVEL ..... 21.71 ..... 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:  
 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)  
 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile .....

Blank casing diameter ..... 2 ..... in.    Was casing pulled? Yes X..... No .....    If yes, how much 24.6.....  
 Casing height above or below land surface ..... 3.6 ..... in.

6 GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout    3 Bentonite    4 Other Cement Bentonite Grout.....  
 Grout Plug Intervals:    From 3 ..... ft. to 21.6 ..... 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 Material</u>
<u>3</u>	<u>21.6</u>	<u>Cement Bentonite Grout</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 23 Sep 2009 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) 23 Sep 09 under the business name of U.S. 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.