County: Riley Fraction NE NE NW N	<u>u)</u> Sec. <u>8</u> T // S R <u>6</u> <b>E</b> /W
CORRECTION(S) TO WATER WELL COMP (to rectify lacking or incorrect	
Location was listed as:	Location changed to:
Section-Township-Range: None Given	NE NE NW NW
Fraction (¼ ¼ ¼):	NE NE NW NW
Other changes: Initial statements:	
Changed to:	•
Comments:	
Verification method: <u>Latitude &amp; longitude</u> , topographic map, projection of  Submitted by: Kansas Geological Survey Data Resources Library 1930 Co	Junction City 1:24,000 PLSS onto Fort Riley.
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	initials: Deddate: 12/13/2016 Onstant Ave., Lawrence, KS 660473726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	cson, Suite 420, Topeka, KS 66612-1367.

WATER WELL F		Form WW			vision of Water ources App. No		Well ID PTF-16-18	
1 LOCATION OF W	ATER WE	LL: Fra	ction	Se	ction Number	Township Numb		
County: Kile	an Na-a			NAVA Street or B	MA	TNA S		
Business Director	2 WELL OWNER: Last Name  Business Directorate of Public Works  Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:							
Address Building 407, Main Post Environment								
City: Fall Ki			66442		Kiley	KANKAS		
3 LOCATE WELL	4 DEPTI	OF COMPLE	ETED WELL:	46.75	t. 5 Latitud	le: 39. //66	7825(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) G	roundwater Encou	ıntered: 1)	fL	Longit	ude: -96.794	825(decimal degrees)	
N		2)				Horizontal Datum: TSWGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:		
	below land surface, measured on (mo-day-yr).58.1.6.				GPS (unit make/model:)			
NWNE	□ above	land surface, meas	sured on (mo-day-)	т)	.			
w			was			d Survey 🔲 Topogra	aphic Map	
1"1 1 1 1 1"			was ft		IZ OII	ille Mappet	***************************************	
SW SE			ping	mqg	6 Elevati	on:	. Ground Level TOC	
S	Bore Hole	Yield:gp Diameter:6	m in. to 46	. ft. and			GPS Topographic Map	
mile			in. to			Other	***************************************	
7 WELL WATER TO					10 🗀 093	**-1J W-t Commbo 1:		
1. Domestic:  Household			ipply: well ID w many wells?			ole: well ID	ease	
Lawn & Garden	7.	Aquifer Recharg	ge: well ID		Case	ed 🔲 Uncased 🔲	Geotechnical	
Livestock			ll ID nediation: well ID			rmal: how many bores ed Loop   Horizont		
2. Irrigation 3. Feedlot			Soil Vapor E				scharge Inj. of Water	
4. Industrial		Recovery	☐ Injection					
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:								
Water well disinfected?				0.405	NO TOP ING			
8 TYPE OF CASING USED: Steel PPVC Other								
Casing height above land surface								
TYPE OF SCREEN OF					<b>5</b> 0.4	40 10 1		
☐ Steel ☐ Stainless Steel ☐ Fiberglass								
SCREEN OR PERFORATION OPENINGS ARE:								
☐ Continuous Slot								
SCREEN-PERFORATI	ED INTERV	ALS: From 26	rapped Lisav	fl. From	vone (Open Ho)	e) 	fl. to fl.	
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Sqw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From36								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Mother Actua Garal. Migh. Solid. Gara								
Grout Intervals: From								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage								
Sewer Lines Cess Pool Sewage Lagoon E Fuel Storage Abandoned Water Well								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)								
Direction from well? J.	<u>.</u> سلا		Distance from we	1?9 <u>0</u> 0	·	ft.		
10 FROM TO		THOLUGIC L	06	FROM	TO L	THO. LOG (cont.) or	PLUGGING INTERVALS	
	140 Soil 50 m Stu	Sand Grant	WeadHEND					
16' 46'	SAM STU		lens					
<del> </del>				Notes:				
IAO(CS;								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was of constructed, reconstructed, or plugged								
under my jurisdiction and was completed on (mo-day-year) .5 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No								
under the business name	of	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		Sij	gnature ()			
Mail 1 white copy along with a fee of \$5 00 for each constructed well to Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367 Mail one to Water Well Owner and retain one for your records Telephone 785-296-5524								
Visit us at http://www.kdbeks				SA 82a-12		to your records refepti	Revised 7/10/2015	