

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

Location listed as:

County: Riley

Location changed to:

Section-Township-Range: 18-11 S-5 E

18-11 S-6 E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE SW NE

NE SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, position on plat map,
other monitoring well records & accompanying maps for
same location, and mapping tool on KGS website. initials: DBL date: 6/21/2012

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.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>RILEY</u> <u>081</u>		<u>NE 1/4 SW 1/4 NE 1/4</u>	<u>18</u>	<u>T 11 S</u>	<u>R 5 E</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>BUILDING 5320</u> <u>MW 7</u>					
2 WATER WELL OWNER: <u>US ARMY</u>					
RR#, St. Address, Box #: <u>DE H</u>					
City, State, ZIP Code: <u>FT. RILEY KS 66644</u>					
Board of Agriculture, Division of Water Resources					
Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					
4 DEPTH OF COMPLETED WELL: <u>26</u> ft. ELEVATION:					
Depth(s) Groundwater Encountered: <u>1</u> ft. 2. ft. 3. ft.					
WELL'S STATIC WATER LEVEL: <u>24</u> 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					
Bore Hole Diameter: <u>9</u> in. to <u>26</u> ft., and in. to ft.					
WELL WATER TO BE USED AS:					
5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u>					
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped					
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded					
7 Fiberglass Threaded					
Blank casing diameter: <u>2</u> in. to <u>16</u> ft., Dia in. to ft., Dia in. to ft.					
Casing height above land surface: <u>0</u> in., weight lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)					
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 <u>Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From <u>16</u> ft. to <u>26</u> ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>26</u> ft., From ft. to ft.					
From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other					
Grout Intervals: From <u>0</u> ft. to <u>15</u> 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 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 <u>Fuel storage</u> 15 Oil well/Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)					
13 Insecticide storage					
Direction from well? <u>W IN SITE</u> How many feet? <u>W IN SITE</u>					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
<u>0</u> <u>TD</u> <u>SILTY CLAY + SHALE</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2/15/95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>581</u> This Water Well Record was completed on (mo/day/yr) <u>2/15/95</u> under the business name of <u>LAYNE INC</u> by (signature) <u>[Signature]</u>					
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					