

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

Location listed as:

Section-Township-Range: 22-8-22 E

Fraction (1/4 1/4 1/4): _____

County: Leavenworth

Location changed to:

12-85-22 E

NW NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

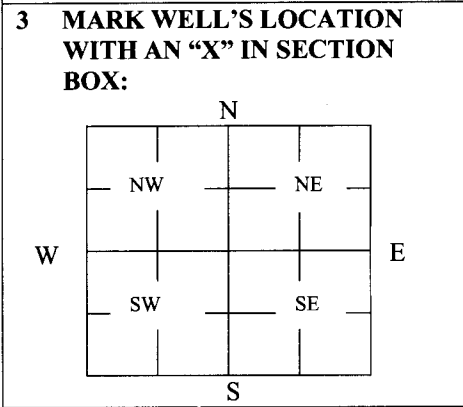
verification method: Well location given for construction record,
and mapping tool on KGS website.

initials: ARD date: 7/12/2011

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 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 22 Township Number 8 Range Number 22 **EW**
 County: Leavenworth
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: US Army CAC
 RR#, St. Address, Box #: 841 McClellan Ave.
 City, State ZIP Code: Fort Leavenworth, KS. 66027
Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____



4 DEPTH OF WELL 49 ft.
 WELL'S STATIC WATER LEVEL 15.1 ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply **10** Monitoring
 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**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter 2 in. Was casing pulled? Yes **X** No _____ If yes, how much 49'
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3** Bentonite 4 Other _____
 Grout Plug Intervals: From 0 ft. to 49 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 Direction from well? _____
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>49'</u>	<u>Bentonite</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-2-11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo/day/year) 6/6/11 under the business name of Guinn & Al Priority Service, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.