County: <u>Sedqwick</u> Fraction NE NW SW SE	Sec/ T <u>28</u> S R / <b>E</b> W
CORRECTION(S) TO WATER WELL COMPL (to rectify lacking or incorrect in the contract of the cont	LETION RECORD (WWC-5)
Location was listed as:	Location changed to:
Section-Township-Range: None Given	1-285-1E
Fraction (1/4 1/4 1/4):	1-285-1E NE NWSWSE
Other changes: Initial statements:	
Changed to:	
Comments: Zebra Technical Service	s LLC is a division of
Cascade Drilling, K5 Lic	
Verification method: Latitude & longitude, h	(GS' "LEO" conversion tool,
and mapping tool on KG5 w	ebsite,
11 3	initials: DR date: 12/20/2016
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Conto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	stant Ave., Lawrence, KS 660473726

WATER '			orm WW				ion of Water		3	Well ID	IW215	
Original Record Correction Change in Well Use							rces App. No	).				
LOCATION OF WATER WELL:				etion		1 '	on Number				ige Number	
County:	Sedqu	v.ick		1/4 1/4								
2 WELL C	2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
Business: direction from nearest town or intersection): If at owner's address, check here:										check here: 🔲 📗		
Address: Address:	nnell AFB	ļ	McConnell AFB									
City: State: ZIP:												
WITH "X					5 Latitude: 37,6387002 (decimal degrees)							
SECTION				untered: 1)			Longitude: 7997. 26 93329 (decimal degrees)					
N		2)	Horizontal Datum: WGS 84 NAD 83 NAD 27									
		WELL'S STAT	IC WATER	7-71-11	Source for Latitude/Longitude:							
'	'	D show land	curface mes	asured on (mo-da		GPS (unit make/model:)  (WAAS enabled?  Yes  No)						
NW	-NE			was			Land Survey Topographic Map					
w	——————————————————————————————————————	•		nping			Online Mapper:					
1 1	1	İ	•	was								
sw	SE			nping			C 191	٠ ١٨٦٦،	SH a	П <i>С</i>	41 E TOC	
		Estimated Yield	d:g	pm 5. in. to3	8		6 Elevation: ∆577.54ft. ☐ Ground Level ☑ TOC Source: ☑ Land Survey ☐ GPS ☐ Topographic Map					
S						ınd	Source					
	1 mile in. toft.   Other											
	ATER TO	BE USED AS					10 🖂 🗢	riald W C	mal 1-	••		
1. Domestic:	-1.8			Supply: well ID							•••••••	
☐ Househ ☐ Lawn &				ow many wells?			11. Test Hole: well ID					
Livesto		7. Aquifer Recharge: well ID										
2. Irrigation		8. Monitoring: well ID										
3. Feedlot		☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj. of V										
4. 🔲 Industri	al	□ R	ecovery	🔀 Injection			13. 🔲 Ot	her (specify):			******	
Was a chen	nical/bacter	iological samp	le submitte	d to KDHE?	☐ Yes	No No	If yes, date	sample was s	ubmitted	:		
Was a chemical/bacteriological sample submitted to KDHE? The Yes No If yes, date sample was submitted:												
8 TYPE OF CASING USED: Steel PVC Other												
Casing diameter												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
Continuous Slot												
Louvered Shutter												
		CK INTERVAL										
9 GROUI	MAIEKIA	L: □ Neat cer	nent La Co	ment grout <b>te</b>	Bentoni	11.5	ther	٠٠٠٠٠٠٠٠٠٠٠٠٠	· • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
		e contamination		, riom x ixt3	11. 10		IC., F10III			It.		
Septic			eral Lines	☐ Pit Priv	v		Livestock Pe	ns F	Insectici	ide Storae	e e	
Sewer I			ss Pool	☐ Sewage			Fuel Storage		] Abando			
	ght Sewer Li		epage Pit	Feedyar			Fertilizer Sto		Oil Wel			
Other (Specify)												
10 FROM	TO		<b>LHOTOGIC</b>	LOG	I I	ROM	ТО	LITHO. LOG	(cont.) or	PLUGGI	NG INTERVALS	
0	a	FILL										
0	38	GLEY BID	wn 5:1	14 Clay								
		· · · · · · · · · · · · · · · · · · ·				<b></b>					· · · · · · · · · · · · · · · · · · ·	
				·····								
	Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)												
under my j	insdiction a	na was complet	ea on (mo-	gay-year)	.T.es.!T.J. Watar≀	u and Well De	inis record	is true to the b	est of m	Knowle	ge and belief.	
Kansas Water Well Contractor's License No. 29.0 This Water Well Record was completed on (mo-daylean J. 20.1.6												
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.kdhcks.gov/waterwell/index.html  KSA 82a-1212  Revised 7/10/2015												