

County: Sedgwick Fraction SE SW SE SE Sec. 7 T 28 S R 2 EW

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)

(to rectify lacking or incorrect information)

Owner: McConnell AFB

Location was listed as:

Section-Township-Range: None Given

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

Location changed to:

7-28S-2E

SE SW SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Latitude & longitude, KGS' "LEO" conversion tool, and mapping tool on KGS website.

initials: ARL date: 2/9/2015

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

FT06-PI01

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction ¼ ¼ ¼ ¼	Section Number	Township No. T S R	Range Number □E □W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here **McConnell AFB**

Global Positioning System (GPS) information:
 Latitude: **37.6212678** (in decimal degrees)
 Longitude: **-097.2472420** (in decimal degrees)
 Elevation: **see attached log**
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: **McConnell AFB**
 RR#, Street Address, Box #: _____
 City, State, ZIP Code: _____

3 LOCATE WELL WITH AN "X" IN SECTION BOX:
 N

NW	NE
SW	SE

 E
 S
 |-----1 mile-----|

4 DEPTH OF COMPLETED WELL **33** ft.
 Depth(s) Groundwater Encountered (1) **7** ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL **7** 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 **4.5** in. to **14** ft., andin. toft.
 WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 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 CASING USED: Steel PVC Other.....
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **2** in. to **14** ft., Diameter..... in. to ft., Diameter..... in. to ft.
 Casing height above land surface **0** in., Weight..... lbs./ft., Wall thickness or gauge No. **SCH-40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify).....
 Brass Galvanized Steel None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify).....
 SCREEN-PERFORATED INTERVALS: From **14** ft. to **28** ft., From..... ft. to ft.
 GRAVEL PACK INTERVALS: From **12** ft. to **33** ft., From..... ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....
 Grout Intervals: From **0** ft. to **12** ft., From..... ft. to ft., From..... ft. to ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
 Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	33	Gray clay and some sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **07/11/2014** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **890**. This Water Well Record was completed on (mo/day/year) **09/22/2014** under the business name of **ARS Technologies, Inc.** by (signature) *Chris...*

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>

INJECTION WELL CONSTRUCTION LOG

Project Name McConnell AFB PBR
 Location FT006
 Installed By ARS Technologies
 Inspected By Michael A. Riggle
 Method of Installation 7822 DT Geoprobe HSA
 Remarks _____

Inj. Well No. FT06-PI01
 Project No. 16170799
 Date Started 7/10/2014
 Date Completed 7/10/2014

