County: Sedawick Fraction SE SE NE SW	Sec. 6 T 28 S R 2 EW
CORRECTION(S) TO WATER WELL COMPL (to rectify lacking or incorrect in the complex of the contract of the contr	
Location was listed as:	Location changed to:
Section-Township-Range: None Given	6-285-2E SE SE NE SW
Fraction (1/4 1/4 1/4):	SE SE NE SW
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: Latitude & longitude, I and mapping tool on KGS we	KG5"LEO" conversion tool,
and mapping tool on KGS we	bsite.
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Con	initials: A date: 9/22/2015
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	istalli Ave., Lawlence, KS 00047-3720

WATER WELL RECORD		Form WWC-5	Division of Water Re	sources Ann No.	SS01-IW36		
1 LOCATION OF WATER W		- JIII 11 11 0 0			Range Number		
County: Sedgwick	Flaction	1/4 1/4 1	4 Section Number T	•	R		
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here							
, —			Longitude: -097.2535052 (in decimal degrees)				
McConnell AFB			Elevation: 1367.37 TOC, 1367.74 MED				
				Datum: WGS 84, NAD 83, NAD 27			
2 WATER WELL OWNER: McConnell AFB			Collection Method:				
RR#, Street Address, Box #:				GPS unit (Make/Model:)			
City, State, ZIP Code :			☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey				
•	Est. Accuracy: <3 m	Est. Accuracy:					
3 LOCATE WELL		05	_				
		TED WELL .25					
SECTION BOX: Depth(Depth(s) Groundwater Encountered (1).7						
N WELL			t. below land surface mea				
	Pump test data:	Well water was	ft. after	hours pump	ing gpm		
NWNE EST. Y	EST. YIELDgpm. Well water wasft. after hours pumpinggpm						
w			. ft., andin. to .		t.		
	WATER TO BE US	SED AS: 🔲 Public w	ater supply	ermal 🗹 In	jection well		
	mestic	ot 🔲 Oil field wa	ter supply Dewat	tering 🔲 O	ther (Specify below)		
	gation Indus	trial Domestic-l	iwn & garden 🔲 Monito	oring well			
			to Department? Yes				
		ple was submitted		_			
	well disinfected?						
5 TYPE OF CASING USED:	□ Steel □ D	VC D Other					
CASING JOINTS: Glued	Lamped L	welded V Inread	ed Diam				
Casing diameter .2 in.	to!	Diameter if	. to II., Diam	ieter	in. to It.		
Casing height above land surfa			lbs./it., wall thickne	ess or gauge No	ЭСП. 40		
TYPE OF SCREEN OR PERFO			704 (0.16)				
Steel Stainless Ste	el Z PVC	used (open hole)	Other (Specify)				
☐ Brass ☐ Galvanized SCREEN OR PERFORATION (used (open note)					
Continuous slot Mill		wronned	☐ Drilled boles ☐	None (open hole)			
☐ 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 10 ft. to 20 ft., From ft. to ft.							
SCIEDLY FERG CREATED HATE	From	ft to	ft., From	ft to	, ft		
GRAVEI DACK INTER	DVAIS From 9	ft to 25	ft From	ft t	γ		
GRAVEL PACK INTERVALS: From 9 ft. to 25 ft., From ft. to ft. From ft. to ft., From ft. to ft.							
6 CPOUT MATERIAL. D							
6 GROUT MATERIAL: ☑ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other							
What is the nearest source of poss		It., FIOH	. It. 10 It., FR	0111	11. 10		
	Lateral lines Pit p	privy Livestoc	pens Insecticide stor	maa 🗆 Otha	r (specify below)		
		age lagoon Fuel stor	• =		(specify below)		
			=				
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Direction from well ☐ Distance from well							
	THOLOGIC LOG	FROM			GING INTERVALS		
0 25 Gray Clay	mozoole zoo	11(01)1	To Billio. Boo	(Coll.) OI 1200	JOHN HITERVIED		
Gray Clay							
	11.000						
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) .10/13/14 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 (pno/day/year) 12/90/14							
under the business name of AR	S Technologies, In	ıÇ.	by (signature)	u Vr	4		
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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