County: _ Sedawick Fraction SW SW NW.	<i>5E</i> Sec. <u>6</u> T <u>28</u> S R <u>2</u> <b>E</b> W
CORRECTION(S) TO WATER WELL COM  (to rectify lacking or incorrection)  Owner:  McConnell AFB	MPLETION RECORD (WWC-5)
Location was listed as:	Location changed to:
Section-Township-Range: None Given	6-28S-2E
Fraction (1/4 1/4 1/4):	6-285-2E SW SW NW SE
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: <u>Latitude</u> & longitude,	KGS' "LEO" conversion tool,
and mapping tool on KGS well	initials: He date: 9/22/2015
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Ja	Constant Ave., Lawrence, KS 66047-3726

WATER WELL REC	JUKD	rorm v	/ W C-5	Division of Water Resources App. No.	
1 LOCATION OF WA	TER WELL:	Fraction	.,	Section Number Township No. Range Number	
County: Sedgwick	A *** 11 *	1/4 1/4	1/4 1/4		
Street/Rural Address of				Global Positioning System (GPS) information:	
from nearest town or is	ntersection: If at	owner's address, chec	ck here .	Latitude: 37.6398418 (in decimal degrees)	
McConnell AFB				Longitude: -097.2533174 (in decimal degrees)	
				Elevation: 1368.00 TOC, 1368.32 MED	
2 WATER WELL OW	NER: MaCan	ACD		Datum: ☐ WGS 84, ☑ NAD 83, ☐ NAD 27	
RR#, Street Address,	141000111	nell AFB		Collection Method:	
City, State, ZIP Code				☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey	
City, State, ZIF Code	•			Est. Accuracy: $\square$ <3 m, $\square$ 3-5 m, $\square$ 5-15 m, $\square$ >15 m	
3 LOCATE WELL				Est. Accuracy. 5 13 m, 5 13 m, 5 13 m	
WITH AN "X" IN	4 DEPTH OF	COMPLETED WEI	լլ 25	ft.	
SECTION BOX:	Depth(s) Ground	lwater Encountered	(1).7	ft (2) ft (3) ft	
N	Depth(s) Groundwater Encountered (1).7				
	Pump	test data: Well wat	ter was	ft. after hours pumping gpm	
'   '				ft. after hours pumping gpm	
NW NE	Bore Hole Diam	eter 4.5 in to	25 f	ft., and ft.	
W E	WELL WATER	TO BE HISED AS:	Dublic wet	ter supply  Geothermal  II Injection well	
'   '	□ Domestic			ter supply Dewatering Other (Specify below)	
SW SE		☐ Industrial ☐	Domestic les	wn & garden  Monitoring well	
S		day/yr sample was st		o Department?  Yes  No	
1 mile					
'		fected? Yes 🔽			
5 TYPE OF CASING U					
CASING JOINTS:	Glued   Clar	nped 🗌 Welded	Threaded	d	
Casing diameter .2	in. to10	ft., Diameter.	in. 1	to ft., Diameter in. to ft.	
Casing height above la	nd surface0	in., Weigh	nt	lbs./ft., Wall thickness or gauge No. SCH. 40	
TYPE OF SCREEN OR					
☐ Steel ☐ Sta	inless Steel	<b>₹</b> PVC		Other (Specify)	
	vanized Steel		hole)		
SCREEN OR PERFORA			_		
Continuous slot					
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)					
SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft., From ft. to ft.					
		From	. ft. to	ft., From ft. to ft.	
GRAVEL PACI	GRAVEL PACK INTERVALS: From 9 ft. to .25 ft., From ft. to ft.				
		From	. ft. to	ft., From ft. to ft.	
6 GROUT MATERIAL	: 🗹 Neat ceme	ent 🔲 Cement grou	ut 🗌 Bentor	nite Other	
Grout Intervals: From .0 ft. to .9 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				from well	
FROM TO	LITHOLOG	IC LOG	FROM	TO LITHO. LOG (cont.) or PLUGGING INTERVALS	
0 25 Gray C	lay				
	***************************************				
				77	
	· *** ***		+		
7 CONTRACTORIS OF	LANDOMAN	NO CEDITION TO	ON. This		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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 (mo/day/year) .12/30/14 under the business name of ARS Technologies, Inc					
under the business name	or WKS recund	ologies, Inc.		by (signature)	
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

SS01-IW40