County: Sedawick Fraction NE SE NW SW Sec.	7 <u>128</u> s r <u>2 D</u> w
CORRECTION(S) TO WATER WELL COMPLETION RE (to rectify lacking or incorrect information) Owner: McConnell AFB	
	changed to:
Section-Township-Range: None Given Fraction (1/4 1/4 1/4):	7-285-2E
Fraction (1/4 1/4 1/4):	NE SE NW SW
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: Latitude & longitude, KGS's and mapping tool on KGS website.	"LEO" conversion tool,
	initials: We date: 10/2/2015
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., L to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420	awrence, KS 66047-3726

WATE	R WEL	L RECORD	For	rm WWC-5	Division of Water Resources App. No.	
		OF WATER WELL:	Fraction		Section Number Township No. Range Number	
	ty: Sed		1	1/4 1/4 1/	14 T S R DE D	
Coun	ty. Jeu	Address of Well Location;				
					Global Positioning System (GPS) information:	
from	nearest t	own or intersection: If at	owner's address	s, check here .	Latitude: 37.6254190 (in decimal degrees	
McC	Connell A	AFB			Longitude: -097.2581426 (in decimal degrees	
					Elevation: 1351.82 TOC, 1352.24 MED	
2 337.4	TED WI	ELL OWNED			<u>— Datum</u> : ☐ WGS 84, ☑ NAD 83, ☐ NAD 27	
		ELL OWNER: McCon	nell AFB		Collection Method:	
		Address, Box #:			GPS unit (Make/Model:	
City,	, State, Z	IP Code :			☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey	
					Est. Accuracy:	
3 LOC	ATE WE	LL		00		
	WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 32 ft.					
SECT	SECTION BOX: Depth(s) Groundwater Encountered (1).12					
	N	WELL'S STAT	IC WATER LE	VEL. 12	ft. below land surface measured on mo/day/yr	
					ft. after hours pumping gpm	
'	.'.	DOT VIDED			ft. after hours pumping gpm	
w NV	V N				ft., andin. toft.	
"				AS: Public wa		
				As. rubile wi	ater suppry Geometrial W injection wen	
sw	V S	E - Domestic			rater supply Dewatering Other (Specify below)	
		☐ Irrigation			lawn & garden Monitoring well	
' '	<u> </u>				I to Department? 🔲 Yes 🗹 No	
	S	If yes, mo	day/yr sample v	was submitted		
	1 mile	Water well disin	fected? Ye	s 🔽 No		
# (E) X (E) X	10E 04					
		SING USED:				
		S: Glued Clar				
Casin	g diamet	er .2 in. to14	ft., Diam	neterin	n. to ft., Diameter in. to ft.	
Casin	g height	above land surface0	in.,	Weight	lbs./ft., Wall thickness or gauge No. SCH. 40	
TYPE C	OF SCRE	EEN OR PERFORATION	MATERIAL:	Č		
_	Steel	Stainless Steel		Г	Other (Specify)	
	Brass	Galvanized Steel		(open hole)	— ,,	
SCREE	N OR PE	ERFORATION OPENING		(-1)		
		us slot		ned	Drilled holes None (open hole)	
□ Louvered shutter □ Key punched □ Wire wrapped □ Saw cut □ Other (specify) SCREEN-PERFORATED INTERVALS: From 14 ft. to 29 ft. From ft. to ft.						
	I I LIU	OIGHED HVIERVIES.	From	ft to	ft Emons ft to ft	
From						
From						
6 GROUT MATERIAL: Neat cement Comment Grout Bentonite Other						
Grout Intervals: From 0 ft. to 12 ft., From ft. to 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 lin		Sewage la			
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well						
		n well			ce from well	
FROM	ТО	LITHOLOG		FROM	TO LITHO. LOG (cont.) or PLUGGING INTERVAL	
_	1	****	IC LOG	TROM	TO LITTIO. LOG (COIR.) OI PLOGGING INTERVAL	
0	-	Top Soil				
1	32	Gray Clay, Some Sand				
7 CONT	TRACTO	DR'S OR I ANDOWNE	2'S CERTIFIC	ATION. This wa	ater well was Z constructed T reconstructed or T above	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\big \) constructed, \(\big \) reconstructed, or \(\big \) plugged						
under my jurisdiction and was completed on (mo/day/year) .11/17/14 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 mode and 12/30/14						
under the business name of ARS Technologies, 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.						
					, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.	

http://www.kdheks.gov/waterwell/index.html