County: <u>Sedawick</u> Fraction <u>NW SW SW</u>	VE Sec. 18 T 28 S R 2 PW
CORRECTION(S) TO WATER WELL COINT (to rectify lacking or incorrection) Owner: McConnell AFB	MPLETION RECORD (WWC-5)
Location was listed as:	Location changed to:
Section-Township-Range: <u>None Given</u>	18-28S-2E
Fraction (¼ ¼ ¼):	
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: <u>Latitude</u> & longitude,	KGS' "LEO" conversion tool,
and mapping tool on KGS wer	bsite.
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Ja	

WATE	R WEL	L RECO	RD	F	orm WV	WC-5	Di	ivision of Wate	er Resources App. N	FT07-MW16R	
			R WELL:	Fraction				on Number	Township No.	Range Number	
	ty: Sed		it William	1/4	1/4	1/4 1/4			T S	R DE DW	
	Street/Rural Address of Well Location; if unknown, distance & direction							Global Positioning System (GPS) information:			
	from nearest town or intersection: If at owner's address, check here .							Latitude: .37.6149641 (in decimal degrees)			
							Longitude: -097.2525122 (in decimal degrees)				
McConnell AFB						Eleva	Elevation: 1353.86 TOC, 1351.03 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 LOC	CATE WELL										
WIT	H AN "X"	"IN 4 DEPTH OF COMPLETED WELL .25 ft.									
SEC	TION BO	X: Depth(s) Groundwater Encountered (1).8 ft. (2) ft. (3) ft.									
	N	WELL'S STATIC WATER LEVEL. 8									
		Pump test data: Well water wasft. after hours pumping gpm									
	EST. YIELDgpm. Well water was										
w N	W NI								. to		
" →	\rightarrow		ELL WATER						_	Injection well	
'	_ '] Domestic	☐ Feedlo	·	Dil field wat	er suppl	lv	ewatering \square	Other (Specify below)	
SV	V SI			☐ Industr	ial 🗀 ī	Domestic-la	wn & g	arden 🗹 M	onitoring well	canor (speemy cone)	
	☐ 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										
	1 mile	VX	ater well disin								
			D: Stee								
CASIN	G JOINT	S: 🔲 Glu	ued 🗌 Clar	nped 🔲 V	Welded	Threade	đ				
										in. to ft.	
							lbs./1	ft., Wall thi	ckness or gauge N	√o. SCH-40	
TYPE	OF SCRE		RFORATION		J:						
☐ Steel ☐ Stainless Steel											
☐ 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)											
L	Louvered	shutter \square	Key punched	☐ Wire wr	apped L	」 Saw cut	∐ Otl	her (specify)			
SCREEN-PERFORATED INTERVALS: From 14. ft. to 24 ft., From ft. to ft.											
From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
										. to ft.	
		ΓERIAL: ૣ	□ Neat ceme	ent 🖊 🗹 Cer	nent grout	☐ Bento	nite [Cther			
	ntervals:	From . 9	ft. to)! <i>.</i>	. ft., From		ft. to	ft.,	, From	ft. toft.	
What is	the neare	est source of	f possible cont			_		_	_		
l ⊑	Septic tar	nk		nes 🔲 Pit pri		Livestock		Insecticide		ther (specify below)	
	Sewer lin		Cesspool			Fuel stora		Abandone			
			Seepage			Fertilizer		Oil well/g			
		n well									
FROM	1		LITHOLOG	FIC LOG		FROM	TO_	LITHO. L	OG (cont.) <u>or</u> PL	UGGING INTERVALS	
0	1	Top Soil									
1	25	Gray Clay	, Some Sand								
	1										
	† †										
	 										
	+				PM-1						
								-			
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) .9/29/14											
Kansas	Water W	ell Contract	tor's License N	lo890	This V	Vater Well I	Record v	was complete	d op y no/day/yea	r) 1/4/10/14	
			ARS Techn							Wh	
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											