County: <u>Sedqwick</u> Fraction NW SE SE NO	U) Sec 7 _ T _ 2 & S R _ 2 _ E)W
CORRECTION(S) TO WATER WELL COMP (to rectify lacking or incorrect Owner: McConne// AFB	LETION RECORD (WWC-5)
Location was listed as:	Location changed to:
Section-Township-Range: None Given	7-285-2E
Fraction (1/4 1/4 1/4):	7-285-2E NW SE SE NW
Other changes: Initial statements:	
Changed to:	
Comments: Zebra Technica/ Service	s LLC is a division of
Cascade Drilling, KS Li	
Verification method: Latitude & longitude,	
and mapping tool on KG5 u	rebsite.
•	initials: date: 12/20/20/6
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	nstant Ave., Lawrence, KS 600473726

WATER WELL RECORD Form WWC-5 Division of Water ST 17							Ty.	
Original Record					ources App. No.	<u> </u>	well ID	
1 LOCATION OF W		L:	Fraction		tion Number	Township Numb	1 •	
County: Seday	NICK		14 14 14			TS	R DE DW	
2 WELL OWNER: L	ast Name:		First:				(if unknown, distance and	
Business: McCo	A llsnu	FB		direction from			r's address, check here: 🗌	
Address: McConnell AFB								
City:		State:	ZIP:					
3 LOCATE WELL	4 DEPTH	OF COM	PLETED WELL:	ه حدح	5 I atitude	. 37 629249	(danimal danuma)	
WITH "X" IN	4 DEPTH OF COMPLETED WELL: ft. 5 Latitude: \$7,5292497 (decimal degrees) Depth(s) Groundwater Encountered: 1) ft. Longitude: 597,125455 38 (decimal degrees)							
SECTION BOX:	2)						4 IV NAD 83 I NAD 27	
	WELL'S STATIC WATER LEVEL: ft. Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yr).							
NW NE	above land surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)				
w - - E		Pump test data: Well water was			☐ Contine Mapper:			
			vater was			ne mapper	***************************************	
SW SE	after	hours	s pumping			1247 LL		
	Estimated Y	ield:	enm	-	6 Elevatio	n:	. Ground Level TOC	
S	Bore Hole D	iameter:	in. to ?	ft. and			GPS 🔲 Topographic Map	
mile	DE HOER :		in. to	ft.				
7 WELL WATER TO			ston Crandlen 11 TD		10 🗆 👓	ald Water C1		
1. Domestic:			ter Supply: well ID ig: how many wells?			e: well ID	ease	
Lawn & Garden			echarge: well ID			Uncased		
Livestock			g: well ID			nal: how many bore		
2. Irrigation	9. Er	vironment	al Remediation: well II	Iw:.32		d Loop Horizon		
3. Feedlot		Air Sparge		Extraction			ischarge Inj. of Water	
4. Industrial		Recovery	Injection		13. ☐ Other	(specify):		
Was a chemical/bacter			itted to KDHE? 🗆	Yes No	If yes, date sa	mple was submitte	:d:	
Water well disinfected?								
8 TYPE OF CASING	USED: ☐ S	teel PV	C Other	CASI	NG JOINTS: [☐ Glued ☐ Clampe	d 🗌 Welded 🏋 Threaded	
Casing diameter	in. to	ft.,	Diameter	in. to	ft., Diamete	rin. to		
Casing height above land s				ibs./it.	Wall thicknes	ss or gauge No	A.CXQ.	
TYPE OF SCREEN OR ☐ Steel ☐ Stain	. PERFORA I iless Steel	ION MA	•		☐ Other	(Specify)		
. —	anized Steel			used (open hole		(эрссиу)	4	
SCREEN OR PERFOR				(- F	-,		7.	
	☐ Mill Slot							
Louvered Shutter	☐ Key Punch	ied 🗌 W	/ire Wrapped 🔲 Sa	w Cut 🔲 l	lone (Open Hole	2)		
SCREEN-PERFORATE								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Septic Tank		on: Lateral Line	s 🔲 Pit Privy	n	Livestock Pens	☐ Insecti	cide Storage	
Sewer Lines	_	Cess Pool	Sewage La		Fuel Storage		oned Water Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify)						_		
Direction from well?								
10 FROM TO	F //	ITHOLO	GIC LOG	FROM	TO LI	I II O. LOG (CONT.) O	PLUGGING INTERVALS	
0 2	F-11	01.41						
2 28	Gra/ C	CHAP				· · · · · · · · · · · · · · · · · · ·		
								
	· · · · · · · · · · · · · · · · · · ·			Notes:	LL.			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year)								
under my jurisdiction and was completed on (mo-day-year)								
Lansas water well Contractor's License No. P. S. Lins water well kecord was completed on (mo-day-year)								
under the business name	ng with a fee of	\$5 00 for each	h constructed well to Ve	nese Denortment	of Health and E-	impoment Russes of W	oter GWTS Session	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.								
Visit us at http://www.kdheks	· -			KSA 82a-12		, our resortes. Totopi	Revised 7/10/2015	