

County: Labette Fraction: SESE SE NE Sec. 6 T 32 S R 21 E

**CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) - to rectify lacking or incorrect information**

Owner: USACE

If corrected, location was listed as:

Location changed to:

Section-Township-Range: 6-32 S-21 E

6-32 S-21 E

Fraction (1/4 1/4 1/4): NW NE NE NE

SE SE SE NE

Other changes: Initial statements: Latitude: 1556532.224, Longitude: 2289300.891,  
NAD 83

Changed to: Latitude: 37.2889777, Longitude: -95.1411003, WGS 84

Comments: \_\_\_\_\_

Verification method: conversion of state plane coordinates to latitude and longitude, conversion of latitude & longitude to section, township, & range and quarters (using KGS' "LEWEB" program) Initials: DRJ Date: 12/7/2017

Submitted by:  Kansas Geological Survey, Data Resources Library, 1930 Constant Avenue, Lawrence, KS 66047-3724  
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  

Well ID MW-7-25

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <b>LaBette</b>	Fraction NW ¼ NE ¼ NE ¼ NE ¼	Section Number <b>6 feet</b>	Township Number <b>T 32 S</b>	Range Number <b>R 21 E W</b>
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<b>2 WELL OWNER:</b> Last Name: <b>USACE</b> Business: <b>USACE</b> Address: <b>Kansas Army Ammunition Plant</b> Address: City: <b>Parsons</b> State: <b>KS</b> ZIP: <b>67357</b>	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <b>East side of KSAAP approximately 6 miles SE of Parsons, KS</b>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N W E S  -----  mile -----	<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>25</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... <b>8.7</b> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..... 5-16-17 <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after..... hours pumping ..... gpm Well water was ..... ft. after..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: ..... <b>6</b> ..... in. to ..... <b>9.5</b> ..... ft. and ..... <b>9.5</b> ..... in. to ..... <b>25</b> ..... ft.	<b>5 Latitude:</b> ..... <b>1556532.224</b> ..... (decimal degrees) <b>Longitude:</b> ..... <b>2289300.891</b> ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
		<b>6 Elevation:</b> ..... <b>847.37</b> ..... ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID ..... <b>MW-7-25</b>	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter ..... **2** ..... in. to ..... **15** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... **2.4** ..... in. Weight ..... **0.68** ..... lbs./ft. Wall thickness or gauge No. **Sch 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....

Brass  Galvanized Steel  Concrete tile  None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....

Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

SCREEN-PERFORATED INTERVALS: From **15** ..... ft. to **25** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **13** ..... ft. to **25** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From **2** ..... ft. to **13 feet** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Nearest source of possible contamination:  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) **RCRA** .....

Direction from well? **Well within impact zone** ..... Distance from well? **N.A.** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Clay, gravel			
1	1.5	Silt, clayey			
1.5	7.5	Clay, silty			
7.5	25	Limestone (Higginsville Mem., Fort Scott Frm)			

**Notes:**

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) **03-29-2017** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **201** This Water Well Record was completed on (mo-day-year) ..... under the business name of **Rayne Christensen Company** Signature **Rayne Christensen**