

County: Labette Fraction: NE NE NE SE 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:

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

Fraction (1/4 1/4 1/4): SW NE NE SE

Location changed to:

6-32S-21E

NE NE NE SE

Other changes: Initial statements: Latitude: 1556268.507, Longitude: 2289313.587,  
NAD 83

Changed to: Latitude: 37.2882526, Longitude: -95.1410893, 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' "LEOWEB" 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**

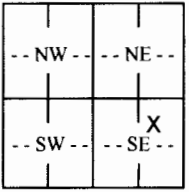
Division of Water Resources App. No.  

Well ID MW-9-25

Original Record    Correction    Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <b>LaBette</b>	Fraction SW ¼ NE ¼ NE ¼ SE ¼	Section Number <b>6</b>	Township Number T <b>32</b> S	Range Number R <b>21</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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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 -----1 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>5.05</b> ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr)..... <b>5-16-17</b> ..... <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>1556268.507</b> .....(decimal degrees) <b>Longitude:</b> ..... <b>2289313.587</b> .....(decimal degrees) <b>Horizontal Datum:</b> <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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>847.02</b> .....ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....
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**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 ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... <b>MW-9-25</b>	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....
2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	

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 .....**40**..... 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**..... 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	7	Clay, silty; 6" GR seam at bottom			
7	25	Limestone (Higginsville Mem., Fort Scott Frm)			
<b>Notes:</b>					

**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) **03-30-2017**.... 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 by (mo-day-year) ..... under the business name of **Layne Christensen Company**..... Signature *[Signature]*.....  
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.gov/waterwell/index.html>      KSA 82a-1212      Revised 7/10/2015