

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

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

Owner: Kansas Army Ammunition Plant Parsons Kansas

If location corrected, was listed as:

Location changed to:

Section-Township-Range: 6-325-2/E

6-325-2/E

Fraction (¼ calls): NE SE

NE NE SE NE

Other changes: Initial statements: Latitude: 44.8716307, Longitude: -74.5071467,  
NAD 83

Changed to: Latitude: 37.291726, Longitude: -95.140939,  
NAD 83

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

Verification method: Communication from well contractor, latitude & longitude  
& KGS' "LEO" conversion tool, and mapping tool & aerial photos  
on KGS website. Initials: DRB Date: 6/6/2018

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 PLUGGING RECORD Form WWC-5P**

KSA 82a-1212 ID NO.

20-6

<b>1 LOCATION OF WATER WELL:</b> County: <b>LABETTE</b>	Fraction <b>NE ¼ SE ¼ ¼ ¼</b>	Section Number <b>6</b>	Township Number <b>T 32 S</b>	Range Number <b>21</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
--	----------------------------------	----------------------------	----------------------------------	--

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  **KANSAS ARMY AMMUNITION PLANT PARSONS KANSAS ~1,450 ft S-SW of Road G and Road D intersection**

**Global Positioning Systems (GPS) information:**  
 Latitude: 44.8716307 (in decimal degrees)  
 Longitude: -74.5071467 (in decimal degrees)  
 Elevation: 839.72  
 Horizontal Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:

**2 WATER WELL OWNER: KANSAS ARMY**  
 RR#, St. Address, Box #: **AMMUNITION PLANT**  
 City, State ZIP Code: **PARSONS KANSAS**

GPS unit (Make/Model): \_\_\_\_\_  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

**4 DEPTH OF WELL** 16.50 T.O.C. ft.  
 WELL'S STATIC WATER LEVEL NM ft.  
 WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

Was a chemical/bacteriological sample submitted to Department? Yes  No

**5 TYPE OF BLANK CASING USED:**

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below)
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes  No  If yes, how much TOP 3 FEET BGS  
 Casing height above or below land surface 12 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 15.50 ft. to 3 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input checked="" type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	<u>Historic stationary metals contamination</u>
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? <u>Varied</u>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>Within 500</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	TOP SOIL			
3	15.50	BENTONITE GROUT			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03-07-18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102. This Water Well Record was completed on (mo/day/year) 03/28/2016 under the business name of LAYNE CHRISTENSEN by (signature) Bob Christensen

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212 Revised 1/20/2015