

County: Labette Fraction: SE SE NE 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

SE SE NE NE

Other changes: Initial statements: Latitude: 44.8739685, Longitude: -74.5074503,  
NAD 83

Changed to: Latitude: 37.292312, Longitude: -95.141185,  
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.

12-1

| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>LABETTE</b>   | Fraction<br><b>NE ¼ SE ¼ ¼ ¼</b>  | Section Number<br><b>6</b>   | Township Number<br><b>T 32 S</b> | Range Number<br><b>21</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <b>KANSAS ARMY AMMUNITION PLANT PARSONS KANSAS ~1,275 ft S-SW of Road G and Road D intersection</b>  |   | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: <b>44.8739685</b> (in decimal degrees)<br>Longitude: <b>-74.5074503</b> (in decimal degrees)<br>Elevation: <b>838.70</b><br>Horizontal Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: KANSAS ARMY</b><br>RR#, St. Address, Box #: <b>AMMUNITION PLANT</b><br>City, State ZIP Code: <b>PARSONS KANSAS</b>  |   |  |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>  | <b>4 DEPTH OF WELL 20.60 T.O.C. ft.</b><br>WELL'S STATIC WATER LEVEL <b>NM</b> ft.<br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic<br/> <input type="checkbox"/> Irrigation<br/> <input type="checkbox"/> Feedlot<br/> <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply<br/> <input type="checkbox"/> Oil Field Water Supply<br/> <input type="checkbox"/> Domestic (Lawn &amp; Garden)<br/> <input type="checkbox"/> Air Conditioning         </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering<br/> <input checked="" type="checkbox"/> Monitoring<br/> <input type="checkbox"/> Injection Well<br/> <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Steel<br/> <input checked="" type="checkbox"/> PVC         </div> <div style="width: 20%;"> <input type="checkbox"/> RMP (SR)<br/> <input type="checkbox"/> ABS         </div> <div style="width: 20%;"> <input type="checkbox"/> Wrought<br/> <input type="checkbox"/> Asbestos-Cement         </div> <div style="width: 20%;"> <input type="checkbox"/> Fiberglass<br/> <input type="checkbox"/> Concrete Tile         </div> <div style="width: 20%;"> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter <b>4</b> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <b>Top 3' BGS</b><br>Casing height above or below land surface <b>36</b> in.  |   |  |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>Grout Plug Intervals: From <b>15.50</b> ft. to <b>3</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Septic tank<br/> <input type="checkbox"/> Sewer lines<br/> <input type="checkbox"/> Watertight sewer lines<br/> <input type="checkbox"/> Lateral lines<br/> <input type="checkbox"/> Cess pool         </div> <div style="width: 30%;"> <input type="checkbox"/> Seepage pit<br/> <input type="checkbox"/> Pit privy<br/> <input type="checkbox"/> Sewage lagoon<br/> <input type="checkbox"/> Feedyard<br/> <input type="checkbox"/> Livestock pens         </div> <div style="width: 30%;"> <input type="checkbox"/> Fuel storage<br/> <input type="checkbox"/> Fertilizer storage<br/> <input type="checkbox"/> Insecticide storage<br/> <input type="checkbox"/> Abandoned water well<br/> <input type="checkbox"/> Oil well/Gas well         </div> </div> <input checked="" type="checkbox"/> Other (specify below) <b>Historic stationary metals contamination</b><br>Direction from well? <b>Varied</b><br>How many feet? <b>Within 500</b> |   |  |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>TOP SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>17.60</td> <td>BENTONITE GROUT</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>   |   |  |                                  |  | FROM               | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS | 0 | 3 | TOP SOIL |  |  |  | 3 | 17.60 | BENTONITE GROUT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM   | TO  | PLUGGING MATERIALS   | FROM                             | TO   | PLUGGING MATERIALS |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0  | 3   | TOP SOIL   |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  | 17.60   | BENTONITE GROUT  |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>03-07-18</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>102</b> . This Water Well Record was completed on (mo/day/year) <b>03/28/18</b> under the business name of <b>LAYNE CHRISTENSEN</b> by (signature) <i>Bob Knapp</i>   |   |  |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.<br>Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> Telephone 785-296-5524.  |   |  |                                  |  |                    |    |                    |      |    |                    |   |   |          |  |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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