

County: Leavenworth Fraction SW SW NW NW Sec. 13 T 8 S R 22 E/W

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

Owner: USACE

Location was listed as:

Section-Township-Range: 10-85-22E

Fraction (1/4 1/4 1/4): None given

Location changed to:

13-85-22E

SW SW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: Section, township, and range determined by projecting regular public land survey system over Ft. Leavenworth.

Verification method: Latitude & longitude, KGS' "LEO" conversion tool, and mapping tool & aerial photos on KGS website.

initials: ARL date: 5/3/2016

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 660473726

to: 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.

| | | | | |
|--|---|---|------------------------------|--|
| 1 LOCATION OF WATER WELL: County: Leavenworth | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Number 10 | Township No. T 8 S | Range Number R 22 <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 <input type="checkbox"/> Fort Leavenworth Leavenworth, Kansas | | Global Positioning System (GPS) information: Latitude: .39.35777 (in decimal degrees) Longitude: 94.918017 (in decimal degrees) Elevation: 894.27080 Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m. <input type="checkbox"/> 3-5 m. <input type="checkbox"/> 5-15 m. <input type="checkbox"/> >15 m | | |
| 2 WATER WELL OWNER: USACE RR#, Street Address, Box #: 881 McClellan Ave. City, State, ZIP Code : Fort Leavenworth. KS 66027 | | | | |

| | |
|--|---|
| 3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div> | 4 DEPTH OF COMPLETED WELL 50 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 36.28 ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter 6in. to 50ft., andin. toft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **2**..... in. to **35**..... ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface **6**..... in., Weightlbs./ft., Wall thickness or gauge No. **Sch 40**.....

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

Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From **35**..... ft. to **50**..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **32**..... ft. to **50**..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout intervals: From **27**..... ft. to **32**..... ft., From **2**..... ft. to **27**..... ft., From ft. to ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well Distance from well

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|-----------|-----------|-------------------------------|------|----|--|
| | | MW-34-01-14 | | | |
| 0 | 6" | concrete | | | |
| 6" | 50 | lean clay, light brown | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **03-27-15**..... 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) **10-12-15**.....
 under the business name of **Layne Christensen Company**..... by (signature) *[Signature]*

INSTRUCTIONS Use typewriter or ball point pen **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 427, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>