

County: Leavenworth Fraction NW NW SW NW Sec. 13 T 8 S R 22 EW

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 (¼ ¼ ¼): None given

Location changed to:

13-85-22E

NW NW SW 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: APL 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.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Leavenworth</b>	Fraction $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ $\frac{1}{4}$	Section Number <b>10</b>	Township No. <b>T 8 S</b>	Range Number <b>R 22</b> <input checked="" type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b>
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>Fort Leavenworth Leavenworth, Kansas</b>		<b>Global Positioning System (GPS) information:</b> Latitude: <b>.39,35769</b> ..... (in decimal degrees) Longitude: <b>-94.918273</b> ..... (in decimal degrees) Elevation: <b>895.49030</b> 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		
<b>2 WATER WELL OWNER:</b> <b>USACE</b> RR#, Street Address, Box #: <b>881 McClellan Ave.</b> City, State, ZIP Code : <b>Fort Leavenworth, KS 66027</b>				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px;">NW</td> <td style="border: 1px solid black; padding: 5px;">NE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">SW</td> <td style="border: 1px solid black; padding: 5px;">SE</td> </tr> </table> E S  -----  mile  -----	NW	NE	SW	SE	<b>4 DEPTH OF COMPLETED WELL</b> <b>46</b> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL <b>35.34</b> ..... 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 <b>6</b> ..... in. to <b>50</b> ..... ft., and ..... in. to ..... ft. 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
NW	NE				
SW	SE				

**5 TYPE OF CASING USED:**  Steel    PVC    Other .....

**CASING JOINTS:**  Glued    Clamped    Welded    Threaded

Casing diameter **2**..... in. to **31**..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface **6**..... in., Weight ..... lbs./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 **31**..... ft. to **46**..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From **29**..... 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 **25**..... ft. to **29**..... ft., From **2**..... ft. to **25**..... 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
		<b>MW-34-03-14</b>			
<b>0</b>	<b>6"</b>	<b>concrete</b>			
<b>6"</b>	<b>50'</b>	<b>brownish clay</b>			

**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) **03-26-15**..... 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) *Bob Long*

**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 420, 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>