

County: Leavenworth Fraction NW SW SW NW Sec. 12 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: 14-85-22E

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

Location changed to:

12-85-22E

NW SW 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: ARL date: 5/3/2016

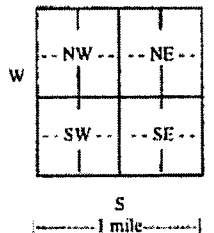
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Leavenworth	Fraction 1/4 1/2 3/4 1	Section Number 14	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: .39.369554 (in decimal degrees) Longitude: .94.917849 (in decimal degrees) Elevation: .770.06760 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> USACE RR#, Street Address, Box #: 881 McClellan Ave. City, State, ZIP Code : Fort Leavenworth, KS 66027				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N  S -----1 mile-----	<b>4 DEPTH OF COMPLETED WELL</b> 20 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 19.93 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 6 in. to 23.7 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
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**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

**CASING JOINTS:**  Glued  Clamped  Welded  Threaded  
Casing diameter 2 in. to 10 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 10 ft. to 20 ft., From ..... ft. to ..... ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 7 ft. to 20 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 2 ft. to 7 ft., From 1 ft. to 2 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-56-02-14			
0	5	fill material			
5	19	clay with silts and sands			
10	12	sand, poorly graded			
19	20	gray sand			

**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) 03-19-15 ..... 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 Levne Christensen Company ..... by (signature) *Bob King*

**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>