County: Leavenworth Fraction SE SW SW SW	) Sec. /3 T 8 S R 22 EM
CORRECTION(S) TO WATER WELL COMP (to rectify lacking or incorrect	
Owner: USACE	,
Location was listed as:	Location changed to:
Section-Township-Range: /3-85-22 E	13-85-22E
Fraction (1/4 1/4 1/4): None given	SE SW SW SW
Other changes: Initial statements:	
Changed to:	
Comments: Section, township, and ran	igo determined by
projecting regular public land surv	ey system over Ft. Leavenworth
projecting regular public land surv Verification method: Latitude \$ longitude,	KGS' "LEO" conversion tool,
and mapping tool & arrial pl	notos on KGS website.
Submitted by Venera Carlarial Survey Data Passurana Library 1020 Ca	initials: Action 5/3/2016
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	

WATE	RWEL	L RECORD	Form WV	VC-5	Divisio	n of Wate	r Resources App. N	lo		
		OF WATER WELL: renworth	Fraction 4 4	4 4	Section N 13		Township No. T 8 S	Range Number R 22 ☑E □W		
		ddress of Well Location;	1	direction	Global Po	sitioning	System (GPS) in			
	from pearest town or intersection: If at owner's address, check here \( \bar{\chi} \) Latitude: \( \bar{\chi} \) 39.347556									
Fort	Leaven	worth			Longitude: -94.916978(in decimal degrees)					
Lea	venwort	h, Kansas					2270			
2 WA	TER WI	ELLOWNER: USACE					4. 🗹 NAD 83, 🗀	NAD 27		
RR#, Street Address, Box #: 881 McClellan Ave.					Collection Method: GPS unit (Make/Model:)					
City, State, ZIP Code : Fort Leavenworth, KS 66027					☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
		•	21CHWD1111, NO 0002		Est. Accum	<u>acy: □ &lt;</u>	3 m. 🔲 3-5 m. 🗀	]5-15 m, □>15 m		
3 LOCATE WELL 22										
	WITH AN "X" IN 4 DEPTH OF COMPLETED WELL .22									
SECI	N N	A: Depin(s) Ground	owster encountered	1.42	II, holovy land	(2)		( <i>3)</i> H. Ins <i>il</i> ar		
ĺ —	N WELL'S STATIC WATER LEVEL11.42									
	EST VIELD com Wall water year & offer house numerica com									
w NV	1(M)(M)									
Ĭ <b>" ├</b> ──┼			TO BE USED AS:					Injection well		
eu	/ s	Domestin.	☐ Feedlot ☐ (	Oil field wate	r supply	☐ De	watering 🔲	Other (Specify below)		
"	' '   ' ' '	[	☐ Industrial ☐ I	Domestic-lav	n & garden	Mc Mc	onitoring well	*********		
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No										
	S –1 mile	If yes, mo	day/yr sample was sub	mitted	***********					
	: m#C	Water well disir	fected? Yes 🔽							
		SING USED: 🔲 Stee				*********	\$4*##			
CASIN	G JOINT	'S: Glued Clar	nped 🔲 Welded	✓ Threaded						
Casin	g diamet	er .2in. to .12 above land surface <del>.</del> 5"	ft., Diameter	in.	00	fl., D	iameter	in. to ft.		
Casin	g height	above land surface?	in., Weight	************	lbs./ft.,	Wall thic	ckness or gauge N	lo		
ł		EN OR PERFORATION			Other (Care)	ia.s	> 0 × 0 M C 2 V V A B V M A > V 0 F 4 B V M B			
: =	Steel Brass	Stainless Steel Galvanized Steel	PVC None used (open by	لبا (عاد	Other (apect	шу,	, *** ** C . * * * * * * * * * * * * * *	********		
		ERFORATION OPENING	S ARE:	, , , , , , , , , , , , , , , , , , ,						
	Continuo	us slot 🛮 Mill slot	Gouze wrapped	] Torch cut	Drilled I	holes	☐ None (open ho			
	Louvered	shutter	☐ Wire wrapped ☐							
SCREEN-PERFORATED INTERVALS: From										
From										
GRAVEL PACK INTERVALS: From										
4 600	IT'T BAA'	TERIAL: Neat cem	ent 7 Coment result	D1 Pantos		. FIUII	***************************************	10 (2.11 11.		
	tervals:	From 7 ft to	2.10	1 Denior	B to 7	нся А	From	ft to ft		
		est source of possible cont	amination:	,	16, 603 22242712	*****	* *************************************	11, 10		
	Septic ta	nk 🔲 Lateral li	nes Pit privy	Livestock p	ens 🔲 I	Insecticide	storage Ot	her (specify below)		
	Sewer li	nes 🔲 Cesspool	Sewage lagoon	☐ Fuel storag	: 🗆 A	\bandonec	l water well	•		
		ht sewer lines Scepage		Fertilizer st	orage 🔲 (	Dil well/ga	as well	43+3+3+4+39+++5+++6+3+43+1+3+1+44i+		
}	<del></del>	n well		<del></del>				CONTRACTOR INTERVALE		
FROM	ТО	LITHOLOG	NC LOU	FROM	TO LI	HHU, L	OO (cont.) or PL	UGGING INTERVALS		
<u></u>	6"	MW-67-03-14		<del> </del>				ecopporates <del>pain ha</del> ngatoeppaint egg co <del>lphil</del> ese oppin <mark>aateen open anternative en o</mark> nder appa dessetes. Alter son		
6"	5	asphalt		<del> </del>		~~		udocuctum cariocianica in accidentación addición de defenda consecuente, a constituía e esta decimiente a constituía de desente de constituía en constituía de desente de constituía de		
5	25	sandy silt silty clay		<del> </del>				Marie en		
3	20	amy clay	-di-/	<del> </del>		******************				
	<del>                                     </del>		no s speciment and the state of	<del> </del>						
	<del> </del>			<del> </del>		Marian Control of the State of	***************************************			
<b> </b>	<del> </del>					***************************************				
	<del> </del>		rrande assendente et experiente papare pasar encreter et e prépondre de la contracte de la con	<b></b>						
-	<del>                                     </del>		goldeten footbold genedes amination ook likklind thinken medikanaditis kultium (sem a indise see		<del> </del>	······································	a todano vitero esta esta esta esta esta esta esta esta	and a state of the		
7 CON	TRACT	OR'S OR LANDOWNE	R'S CERTIFICATIO	N: This water	r well was	7 constr	nucted. Ti reconst	ructed, or T plugged		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) .03-14-15 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 complete Oon moday/year 12-15										
under the business name of Layne Christensen Company by (signature) by (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										
INSTRU	CTIONS	Use typewriter or ball point per	n PLEASE PRESS FIRML)	and PRINT cl	arly Please f	ill in blank	s and check the corre	et answers. Send three copies		
Lashite, bi	ue nink)	to Kansas Department of Health 5522. Send one copy to WA	and Environment, Bureau	of Water, Geologic	bry Section, 16	000 SW Ja	ickson St., Suite 420.	, Topeka, Kansas 66612-1367.		
hun How	e 785-296: w kdheka 9	-5322. Send one copy to WA tov/waterwell/index html	IER WELL OWNER and	ream one for	our records.	menune IC	FOLDOWON SOLCEROR	THE STATE OF THE PARTY OF THE STATE OF THE S		
KSA 82a					Check	c: DW	hite Copy, B	lue Copy, Pink Copy		

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