CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:	County: Harvey Location changed to:
Section-Township-Range:	19-245-2E
Fraction (½ ¼ ¼):	SE SW SW
Other changes: Initial statements:Sedgwick Co	ounty
Changed to: Harvey County	
Comments:	
verification method: Legal description, property descriptions for well or	wher on Harvey County
website.	initials: DRL date: 5/15/2007

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.

WATE	R WELL	RECORD	Form WWC-	5 D	Division of Wa	ter Reso	urces; App. No.		
1 LOCA County:	ATION OF S	WATER WELL: edgwick	Fraction Se 1/4 SW 1/4	SW 1/4	Section Nu 19	ımber	Township Num T 24	ber F	Range Number 2 Ex
Distance a located w	and direction ithin city?	n from nearest town	Se ¼ SW ¼ or city street address o	of well if	Latitude:		System (decima	l degrees	, min. of 4 digits
		ATTITUTE TO 1			Longitude				
		OWNER: Klee R			Elevation: Datum:				
RR#, St. Address, Box # : 4924 SE City, State, ZIP Code : Newton			E 04 St KS 67114			ection M	lethod:		
3 LOCA	TE WELL	2S 4 DEPTH OF	COMPLETED WEI	1.1. 80		ction iv	ictilou.		
LOCA		Jo V DEI III OI	COMILED WE	<u> </u>	_ ***				
I .	I AN "X" I	N Depth(s) Groun	ndwater Encountered 1			ft. 2	fl	t. 3	ft
3	ION BOX:	WELL'S STAT	TIC WATER LEVEL	18	ft. below lan	nd surfa	ce measured on	mo/day/	yr
	N	Pump	test data: Well water	r was	ft. a	after	hours p	umping	gpm
		Est. Yield 30	gpm: Well water	r was	ft. a	after	hours p	umping	gpm
X -NV	V—— N <u>i</u> E —	WELL WATE	R TO BE USED AS: 5	5 Public v	water supply	8 Air	conditioning	l Injec	tion well
w L		1 Domestic 3	Feed lot & Qil field	water su	pply	9 Dewa	atering 12		
"		2 Irrigation 4	Industrial (7 Domesti	c (lawn &	k garden) 1	0 Moni	toring well		
-sv	v — se —	1							
X		Was a chemica	l/bacteriological sampl	le submitt	ted to Depart	ment?	Yes No	\mathbf{x} ; If y	es, mo/day/yrs
	S		omitted						
5 TYPE	OF CASI	NG USED: 5	Wrought Iron	8 Conc	rete tile	CASI	NG JOINTS: G	lued x	Clamped
Ste	eel	3 RMP (SR) 6	Asbestos-Cement	9 Other	(specify bel	ow)	W	/elded	
/ alnx	7.73	4 4 10 0 7	T111 1				CTC C		
Blank cas	ing diamete	r 5 in. to 2	20 ft., Dia		in. to	ft.,	Dia	in. to	ft.
Casing he	ight above	land surface 12	Piberglass ft., Dia in., Weight	2.40	lbs./i	ft. Wal	l thickness or ga	uge No.	160psi
TYPE OF	SCREEN	OR PERFORATION	MATERIAL: perglass (7) PVC ncrete tile 8 RM (SI						
1 Ste	eel 3 Stai	nless steel 5 Fil	perglass 7 PVC	9	ABS		11 Other (spec	ify)	
SCREEN 2 Br	ass 4 Gar	vanized steel 6 Co ORAȚION OPENIN	ncrete tile 8 RM (Si	K) 10	Asbestos-Ce	ement	12 None used	(open no	oie)
1 Co	ontinuous sl	ot (3) Mill slot	5 Guaze wrapped 6 Wire wrapped From 20	t 7 To	rch cut	9 Drille	ed holes 11 N	None (or	en hole)
2 Lo	uvered shu	tter 4 Key punche	d 6 Wire wrapped	8 Sav	w Cut 1	0 Other	(specify)		
SCREEN	-PERFORA	TED INTERVALS:	From 20	ft. to	80	ft. Fro	om .	ft. to	ft
			From	ft. to		ft. Fro	om	ft. to	ft
GR	AVEL PAG	CK INTERVALS:	From 20	ft. to	80	ft. Fro	om	ft. to	ft.
			From 20 From 20 From 20	ft. to		. ft. Fro	om	ft. to	ft.
6 GROU	UT MATE	RIAL: 1 Neat cen	nent 2 Cement grout 20 ft. From	(3) Ber	ntonite 4	Other		*****	
Grout Inte	ervals F	rom 3 ft. to	20 ft. From	f	t. to	ft.	From	ft.	to ft.
What is th	ne nearest so	ource of possible cor	tamination:				*******		
	tic tank		nes 7 Pit privy				cticide Storage		Other (specify
_	ver lines	5 Cess pool					ndoned water we	ell	below)
		er lines 6 Seepage p	of 9 Feedyard				well/ gas well		
Direction	from well?			How ma	ny feet? 30f	t.			
FROM	TO		LOGIC LOG	FRO	M TO		PLUGGING	INTER	/ALS
0	1	Top Soil							
1 15	15 18	Clay Fine Sand							
18	80	Shale	***************************************						
10	- 00	Share					······································		
							· · · · · · · · · · · · · · · · · · ·		
									
7 CONT	DACTOD!	SODIANDOWNI	ER'S CERTIFICATI	ON. This	woter wall		netrioted (1)	an est mant or	t or (2) stugged
			mo/day/year) 3-21-20(true to the best of		
		stractor's License No.					on (mo/day/year)		
under the b	ousiness name	e of Weninger Dril		_ by (sign	17	' / l' ll		noc	
INSTRUCT	TIONS: Please	e fill in blanks or circle th	e correct answers. Send top	three copie	s to Kansas Dep	partment o	of Health and Enviro	nment, Bu	reau of Water,
Geology Sec	ction, 1000 SW	/ Jackson St., Suite 420, 1	l. Visit us at http://www.kd	. Telephone	e 785-296-5522.	Send on	e to WATER WELL	OWNER	and retain one for
Jour records	. I CC 01 \$3.00	TOT CACH CONSTRUCTED WE	i. viole uo at mtp.//www.ku	HUND.BUY/W	utol W 011.				