

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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Location changed to:

Section-Township-Range: None Given

31-255-1E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

N2 S2 NW

Other changes: Initial statements: No county name given.

Changed to: Sedgwick County

Comments: _____

verification method: well address, city street map, and mapping tool on KGS website.

initials: DRJ date: 3/24/2008

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. [REDACTED]

1 LOCATION OF WATER WELL: County: _____	Fraction ¼ ¼ ¼	Section Number	Township Number T S	Range Number R E/W
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Distance and direction from nearest town or city street address of well if located within city? Sedgwick, ~~Waller~~ 307 N. Dexter Valley Center KS

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Phyllis Tedesco
 RR#, St. Address, Box # : 307 N. Dexter
 City, State, ZIP Code : Valley Center KS 67147

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

	X		

S

4 DEPTH OF COMPLETED WELL 10 FT ft.
well was collapsed pipe rusted off

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... 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

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr
 Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED:

<input checked="" type="radio"/> 1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued..... Clamped.....
2 PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. toft.
 Casing height above land surface... 12" in., weight.....lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC	9 ABS	11 Other (Specify)
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Guazed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From..... ft. to ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... ft. to ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 0 ft. to 10 ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage	16 Other (specify below)
<input checked="" type="checkbox"/> 2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil wll/gas well	

Direction from well? West How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2-26-08... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Recored was completed on (mo/day/year) Under the business name of _____ by (signature) Phyllis Tedesco

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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 to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.