

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: 265-1E

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): NE NW NW

Location changed to:

31-265-1E

SE NW NW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Written description, Wichita city map, and  
Wichita East & Valley Center 1:24,000 topo. maps.

initials: DRA date: 10/15/2004

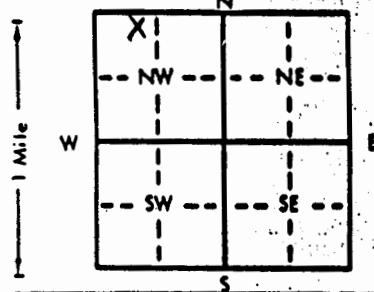
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1] LOCATION OF WATER WELL: County: Sedawick Fraction: N 1/4 NW 1/4 NW 1/4 Section Number: Township Number: T 26 S Range Number: R 1 EW

Distance and direction from nearest town or city street address of well if located within city?  
810' South of 37th St. N., 15' S of Womer St.

2] WATER WELL OWNER: City of Wichita Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: Wichita, KS 67206 Application Number:

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



4] DEPTH OF COMPLETED WELL: 45 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: 9.85 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: 3.75 in. to 4.5 in. and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)  
 Was a chemical/bacteriological sample submitted to Department? Yes.....No...X.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes No...X...

5] TYPE OF BLANK CASING USED:  
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued ..... Clamped ..... Welded ..... Threaded...X.....

Blank casing diameter: 1 in. to 3.5 in. Dia. .... in. to ..... ft. Dia. .... in. to ..... ft.  
 Casing height above land surface: Flush in., weight ..... lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From: 35 ft. to 45 ft. From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From: 38 ft. to 35 ft. From ..... ft. to ..... ft.

6] GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Intervals: From: 1 ft. to 38 ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.

What is the nearest source of possible contamination:  
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	1'	Topsoil			
1'	9'	Silts			
9'	45'	Sand			

RECEIVED  
 AUG 18 2004  
 BUREAU OF WATER

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) 7/22/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6DU This Water Well Record was completed on (mo/day/yr) 7/30/04 under the business name of Environmental Priority Service, Inc. by (signature) [Signature]

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.