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

Sedania L

County

(to rectify lacking or incorrect information)

Location listed as:	Location changed to:
Section-Township-Range: 18-26 5-1E	18-265-1E
Fraction (1/4 1/4 1/4): None Given	18-265-1E SW SW NE
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Well address, city	street map, and
verification method: Well address, city Valley Center 1:24,000 topo	· map.
	initials: ORL date: 4/23/2007

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.

WATER W	ELL RECORD Form WWC	-5 KSA 82a	-1212 ID No	D		
	ction	Se	ction Number	Township Numbe		
County: Scdgwick	1/4 1/4	1/4	18	<u>т 26</u>	S R IE GW	
Distance and direction from nearest town or cit	·	ted within city?				
WATER WELL OWNER:	00 444			• • • • • • • • • • • • • • • • • • • •		
RR#, St. Address, Box # : 440 N. City, State, ZIP Code : Veller Ce	Emporia, Apt 405 rder, KS 67147			Application Num		
OCATE WELL'S LOCATION WITH 4 DEP	14 14 00 PCI					
AN "X" IN SECTION BOX: Depth	(s) Groundwater Encountered 'S STATIC WATER EVEL 2	3 ¹ ft hel	ft. ow land surfac	2 e measured on mo/day/	ft. 3 /yr 3/31/07	
	Pump test data: Well wa	ater was	ft. a	ifter ho	ours pumping gpm	
Na Est. Y		ater was 5 Public water		tfter ho 8 Air conditioning	ours pumping gpm 11 Injection well	
	Domestic 3 Feedlot	6 Oil field water	r supply	9 Dewatering	12 Other (Specify below)	
W X E 21	Irrigation 4 Industrial	7 Domestic (la	wn & garden)	10 Monitoring well		
SW SE Was a		ole submitted to	Department? Y	es; If yater Well Disinfected? Yo	yes, mo/day/yrs sample was sub-	
					X	
5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concr	ete tile	CASING JOINTS:	: Glued Clamped	
1 Steel 3 RMP (SR)	6 Asbestos-Cement		(specify below))	Welded	
2 PVC 4 ABS Blank casing diameter	7 Fiberglass			ft Dia	Threaded	
Casing height above land surface						
TYPE OF SCREEN OR PERFORATION MATE	_	7 P\	/C			
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel	5 Fiberglass el 6 Concrete tile	, 8 RN 9 AE	MP (SR)	11 Other (S	s-Cement pecify)	
2 2 1000			00		ed (open hole)	
SCREEN OR PERFORATION OPENINGS AR 1 Continuous slot 3 Mill slot		uazed wrapped ire wrapped		8 Saw cut 9 Drilled holes	11 None (open hole)	
2 Louvered shutter 4 Key pund		orch cut		10 Other (specify)	N/A ft.	
					ft. toft.	
Froi GRAVEL PACK INTERVALS: Froi	mft. to .		ft., From		ft. to	
Froi	mft. to .		ft., From		ft. toft.	
C COOLT MATERIAL . 1 Neet comen	0.00	0.0	1:1-	Oth		
GROUT MATERIAL: 1 Neat cemen Grout Intervals: Fromft. to		3 Ben			ft to ft	
What is the nearest source of possible contam			10 Livest		14 Abandoned water well	
1 Septic tank 4 Lateral lines	7 Pit pri	vy	11 Fuel s	torage	15 Oil well/Gas well	
2 Sewer lines 5 Cess pool		ge lagoon		er storage	16 Other (specify below)	
3 Watertight sewer lines 6 Seepage pit	9 Feedy	/ard		icide storage		
Direction from well? FROM TO LITH	HOLOGIC LOG	EDOM	How man		NG INTERVALS	
FROM TO LITE	10LOGIC LOG	FROM	3		NG INTERVALS	
		3	20	Compected	Topsoil	
		20	25	Chlorinated	Cement	
,						
CONTRACTOR'S OR LANDOWNED'S OF	RTIFICATION: This water wall	was /1\ const-	uotod (2) raca	netruoted or (0) alice	od under my juriodiation and	
CONTRACTOR'S OR LANDOWNER'S CE completed on (mo/day/year)	7	was (I) constr	ucted, (2) reco	cord is true to the best of	my knowledge and belief. Kansas	
Water Well Contractor's Licence No						
under the business name of PROPERT	TY OWNER		by (s	signature)	h. lan	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send togethree 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.