County: Sedgwick Fraction SE NE SE Sec. 28 T 26 S R 1 (E) W

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

(to rectify lacking or incorrect information)

Owner: Carl Jacobs McPhail

Location was listed as:	**Location changed to:**
Section-Township-Range: None Given	28-26S-1E
Fraction (¼ ¼ ¼):	SE NE SE

Other changes: Initial statements:

Changed to:

Comments:

Verification method: Well owner's address, city street map, and mapping tool on KGS website.

initials: DRA date: 7/16/2013

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.

1 LOCATION OF WATER WELL: County: Sedgwick County | Fraction ¼ ¼ ¼ | Section Number | Township Number T S | Range Number R E/W

Distance and direction from nearest town or city street address of well if located within city? in City of Wichita

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

2 WATER WELL OWNER: Carl Jacobs McPhail
RR#, St. Address, Box # :
City, State, ZIP Code : 4059 N Hydraulic Wichita Ks

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
N / W / E / S — NW, NE, SW (X), SE
South west corner of Basement

4 DEPTH OF COMPLETED WELL 67.214 ft.

Depth(s) Groundwater Encountered (1) 30 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 — circled) 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 X If yes, mo/day/yrs Sample was submitted........ Water well disinfected? Yes X No
2 gallon chlorox in well

5 TYPE OF CASING USED: (1 Steel — circled) 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........

Blank casing diameter 6 in. to 30 ft., Diameter........ in. to........ ft., Diameter........ in. to........ft.
Casing height above land surface 6" above floor In Basement Weight........lbs./ft. Wall thickness or guage No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:
(1 Steel — circled) 2 Brass 3 Stainless Steel 4 Galvanized Steal 5 Fiberglass 6 Concrete tile 7 PVC 8 RM (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) — circled)

SCREEN-PERFORATED INTERVALS: From Could not deter well was rusted ft. .... 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........ ft. to........ ft., From........ ft. to........ ft., From........ ft. to........ft.
What is the nearest source of possible contamination: See List
1 Septic tank (2 Sewer lines — circled) 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? North How many feet? 15

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		30' to 26' Sand			
		3' Bentonite			
		1ft Concrete			RECEIVED
					DEC 17 2012
					BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged (circled) under my jurisdiction and was completed on (mo/day/year) 12-12-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No........ This Water Well Record was completed on (mo/day/year)........ under the business name of Meyer Plumbing Service by (signature) [signature]

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212

CITY OF WICHITA

Department of Environmental Services
1900 E. Ninth Street, Wichita, KS 67214
Phone: (316) 268-8351 Fax: (316) 268-8390

INSPECTION REPORT for: 4059 N Hydraulic St

SECTION I: SEWAGE DISPOSAL

PRIVATE SEWER SYSTEM: Septic System [✓] or Lagoon [ ] PUBLIC SEWER: SKIP TO SECTION II [ ]

Onsite Sewage System: The property owner is responsible for the proper use and maintenance of the private sewer system. A permit must be obtained before performing any repair, replacement or modification to any onsite sewage system.

[ ] Sewage System Permit on file- this system was inspected and approved for use after being installed on ______________.

[✓] No Sewage Permit on file- the Department of Environmental Health has no record of this system on file. It is not known if this system was constructed to meet minimum standards or located appropriately, as required by code.

[✓] The Department of Environmental Health recommends that the septic tank be pumped out by a licensed liquid waste operator within the last two years. A tank defect or excess accumulated solids in the tank can lead to septic system failure requiring complete replacement of the system.

Date last pumped: Unknown by: ______________

Note: No Sewage Permit on file the Department of Environmental Health has no record of this system on file. It is not known if this system was constructed to meet minimum standards or ~~located appropriately, as required by code.~~

Inspection Checklist: Date: 11/14/12

	Yes	No
Septic system		
• Area of septic system appears free of surfacing discharge.	[✓]	[ ]
• All wastewater appears to be discharged into septic system.	[✓]	[ ]
• Sink and toilet appear to drain easily.	[✓]	[ ]
• All water wells appear to be at least 50-feet from system.	[✓]	[ ]
Lagoon		
• Lagoon is free of excess vegetation, tall weeds, and trees.	[ ]	[ ]
• Dikes are in good condition with no ditches or overflow.	[ ]	[ ]
• Fence around lagoon is properly constructed and in good condition.	[ ]	[ ]
• Sink and toilet appear to drain easily.	[ ]	[ ]
• All wastewater appears to discharge into lagoon.	[ ]	[ ]
• All water wells appear to be at least 100-feet from the lagoon.	[ ]	[ ]

Notes: Septic tank appears to be partially under fencing for a pen and it is unknown where the septic field runs. It is unknown how the septic system will perform with frequent use in the future. Tank not pumped on inspection, effluent level appeared at a appropriate level. Difficult to adequately inspect tank without tank being pumped.

SECTION II: WATER SOURCE

PUBLIC WATER SUPPLY [ ] Yes [✓] No NUMBER OF WATER WELLS [1]

Domestic Use Water Wells: The property owner is responsible for the proper maintenance of this well including compliance with construction and location standards, and disinfection of personal use water systems, if necessary. The Environmental Health Department will take water samples only from personal use wells that are constructed properly.

Water Well Use: Personal Use Well(s) [✓] Irrigation Well(s) [ ] Plugged(s) [ ]

Inspection Checklist: Date: 11/14/12

Meets Requirements:	Yes	No
Well(s) meets construction and location standards.	[ ]	[✓]
Well(s) properly plugged	[ ]	[ ]
Located within an identified groundwater contamination area	[✓]	[ ]

Note: Well casing is made out of steel, which is an unapproved material for use in water wells. Well must be plugged, and due to the location ~~of the property in the boundary site for the North Industrial Corridor site, the property must be connected to city water as soon as~~ possible. Please plug the well and connect to city water ASAP, send/fax (Fax 268-8390) the plugging report to me when completed.

Water Testing Results: Bacteria and nitrate tests as conducted are NOT representative of chemical or mineral quality. The U.S. Public Health Service has established the following guidelines for the use of water with known nitrate content. Boiling water or treatment through a water softener will NOT reduce the nitrate level. Some reverse osmosis, ion exchange, and distillation units may effectively treat the water, but regular maintenance of the unit is essential. Periodic testing of the water is recommended.

- Below 45ppm----------Safe for humans and livestock **(drinking water standard)**.
- 45 – 90ppm----------Generally safe for human adults and all livestock. **Should not be used by infants under 18 months of age or by women who are pregnant or nursing.**
- 91 – 180ppm----------Humans and some livestock a risk, especially young or those in high risk category. Recommend an alternate water supply or water treatment to reduce nitrate for drinking and/or cooking.
- Over 180ppm----------Hazardous to humans and livestock. **Do not use for drinking and/or cooking without treatment.**

Nitrates: Date _____ _____ppm Sample source: _____

Date _____ _____ppm Sample source: _____

Bacteria: Date _____ **Safe**, negative for bacteria [ ] **Unsafe**, positive for bacteria [ ]

Note: _____

SECTION III: CONCLUSION

[✓] The private onsite sewage disposal system for this property appears to be acceptable at this time; no defects or malfunctions were observed

[ ] The location and well head completion of the private water well(s) inspected on this property appears to be acceptable at this time.

[ ] See **"Water Testing Results"** in **Section II** for personal use well(s).

[✓] Other: Please plug the well and connect to city water ASAP, send/fax (Fax 268-8390) the plugging report to me when completed.

Plugged 12-12-12

****

Reports pending after 90 days for any reason including open cases awaiting corrections will be billed the full amount. At that time, an "as is" report will be released. Once a report has been released all follow up reports will result in an additional charge.

Signed TVanatta **Date** 11/14/12

DH1/03/TW8/04