

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as _____ 21-26S-1E _____

changed to SW SW NW, 21-26S-1E _____

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address on form, legal description, position on plat map,
city map, and Valley Center 1:24,000 topo map initials: APL date: 10/9/2001

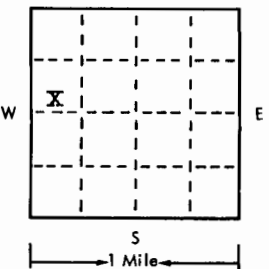
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Sedgwick	Township name Kechi	Fraction	Section number 21	Town number 26S	Range number 1E		
Distance and direction from nearest town or city: 4950 N. Broadway			3 Owner of well: R. L. Harrison					
Street address of well location if in city: Wichita, Kansas			Address: 5030 Irving Drive Wichita, Kansas					
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:			4 Well depth: <u>45</u> ft. Date of completion <u>3-8-75</u> Well diameter <u>11</u> in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			Dirt and Sandy clay		0	12	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well	
			Medium Sand		12	45	7 Casing: Material <u>Styrene</u> Height: above/below <u>12 1/4</u> Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12 1/4</u> in. Diam. <u>5</u> in. to <u>45</u> ft. depth; Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>5</u> in. to <u>45</u> ft. depth;	
							8 Screen: <u>Sunflower Plastic</u> Manufacturer <u>Styrene</u> Dia. <u>5"</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauze <u>.005</u> Length <u>10'</u> Set between <u>35</u> ft. and <u>45</u> ft.	
							Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2 - 1/8"</u>	
							9 Static water level: <u>15</u> ft. below land surface Date <u>3-8-75</u>	
							10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
							11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____	
							12 Well head completion: <u>capped</u> <input type="checkbox"/> Pitless adapter <u>12</u> <input checked="" type="checkbox"/> Inches above grade	
							13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>12</u> ft.	
				14 Nearest source of possible contamination: ft. <u>50'</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
16 Remarks: elevation Flat Surface			17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Harp Well & Pump Serv. 236 Business name _____ License No. <u>67209</u> Address <u>Wichita, Kansas</u> Signed <u>Mary Arnold</u> Date <u>3-8-75</u> Authorized representative					

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5