## **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) Section-Township-Range changed:
listed as NENWNW, 22-275-/E
changed to $SESWSW$ , $15-27S-1E$
Other changes: Initial statements:
Changed to:
Comments: All 3 monitoring wells (MW-9, 10,11) have same
legal description.
verification method: Phone call to KDHE who in turn called well driller, Wichita city maps
and Wichita East 1:24,000 topo, in ap initials: Ald date: 9/8/2000
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

		TOTAL CONTRACTOR		R WELL RECORD	Form WWC-	5 🦥 KSA 8	2a-1212		<u> </u>
Maria Caracian Cara	2	TER WELL:						Number Ra	and the second s
County:	Sedgwi	ck	NE W	NW 4 N	W 14	. 22	т 27	SIR	
distance and	1 direction	ifrom nearest to	wn or city street	address of well if located	within city?	-30 07 1	0.40.034	MT. 1	
				37-41-41.118,	Longiti	ide 9/-1	8-49.934	MW-1	L :
WATER V	WELL OV	VNER: Wes	tern Resour	ces					
IR#, St. Add	dress, Bo	x#: P.O	Box 889				Board of	Agriculture, Division of	f Water Resource
ity, State, Z	ZIP Code	: Tope	eka, KS					on Number:	
			4 DEPTH OF C	COMPLETED WELL	22	ft FLF\	/ATION: 130	0	
AN "X" IN	SECTIO	N BOX:		water Encountered 1.					
	Xı								04/94 · · · .ft
	<b>.</b> 1								
	NW	NE							
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w —	1	1 E					•		
	4		A 1						
	SW	SE							
	1						_		
			Was a chemical/						
		<b>S</b> ignatura di B	mitted		<u> </u>	<b>V</b>	Vater Well Disinfec	ed? Yes	No X
4 2 6 64		CASING USED:	$f_{i} = \{1, \dots, n, k'\}$	5 Wrought iron	8 Concr	ete tile	CASING JO	DINTS: Glued	Clamped
1 Steel		3 RMP (S	R)					Welded	
2)PVC	4.	4 ABS		7 Fiberglass				Threaded	X
lank casing	diameter	2	.in. to	2 ft., Dia	in. to		ft., Dia	in. to	f
asing heigh	t above l	and surface	<b></b> 3	.in., weight		lb:	s./ft. Wall thickness	or gauge No. Scl	n 40
	7								
1 Steel		3 Stainless	Est. Yield NA gpm: Well water was ft. after hours pun Bore Hole Diameter 8.25in. to 22 ft., and in in WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 C 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well was a chemical/bacteriological sample submitted to Department? Yes No. X if yes, mitted Water Well Disinfected? Yes water Well Disinfected? Yes Water Well Disinfected? Yes Water Well Disinfected? Yes Other (specify below) Welde RMM (SR) 6 Asbestos-Cement 9 Other (specify below) Welde RMM (SR) 7 Fiberglass Thread 2 in to 12 ft., Dia in to ft., Dia in to 15 ft., Dia in to 16 ft., Dia in to 17 ft., Dia in to 18 ft., From 19 Other (specify) 10 Asbestos-Gement 9 ABS 12 None used (ope 10 OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 10 Other (specify) 10 Cher (specify) 11 Other (specify) 11 Neat cement 20 cement grout 10 Gement grout 10 Cher (specify) 11 Fund storage 15 Other (specify) 12 Cher (specify) 11 Fund storage 15 Other (specify) 12 Cher (specify) 11 Fund storage 15 Other (specify) 13 Insecticide storage 16 Other (specify) 10 Cher (specify) 11 Fund storage 15 Other (specify) 11 Fund storage 15 Other (specify) 11 Fund storage 15 Other (specify) 12 Cher (specify) 13 Insecticide storage 16 Other (specify) 15 Other (specify) 15 Ches pool 12 Fertilizer storage 16 Other (specify) 15 Ches pool 12 Fertilizer storage 16 Other (specify) 15 Ches pool 12 Fertilizer storage 16 Other (specify) 15 Ches pool 12 Fertilizer storage 16 Other (specify) 15 Ches pool 12 Fertilizer storage 16 Other (specify) 15 Ches pool 12 Fertilizer storage 16 Other (specify		her (specify)				
2 Brass		4 Galvaniz	ed steel	_				• • • • • • • • • • • • • • • • • • • •	
CREEN OR			4						e (open hole)
and the second second	nuous sk	_	•						(
	ered shut	•							•
		51 (C) (C)	From	12 ft to	22	ft Fr	rom	ft to	f
GR	AVEL PA	CK INTERVALS:							
े हरी सर्व र				•					
GROUT M	IATERIAL	. 1 Neat o	ement (		(3)Bento				
rout Interval	ls: Fro	m0	ft. to 8	ft From	3 ft.	to. 10	ft. From	ft. to	
	c tank			7 Pit oriw			· · · · · · · · · · · · · · · · · · ·		
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irection fron		er intes o seep	age pit	9 reedyald			· -		
	TO		LITHOLOGIC	10G	FROM	TO	, 5	LUGGING INTERVAL	9
	0.7			<u> </u>		7.5	28/00-00	. X - "	
	3.0			v: Brown	-	015	LOCUNCIA	2	
3.0	4.5			7	0.5	00	NOL	120	
4.5	6.0			Brown	0.5	27	El BENION	VIC	
6.0	7.0		Dark Brown		<del> </del>	<del></del>			
					<del> </del>			1 520 0	
	L4.0		Clay; Dark		<del> </del>		11099	ed 5-30-0	<u> </u>
	L5.5			ınd; Dark Gray	ļ		, , , , , , , , , , , , , , , , , , ,		
.5.5   2	22.0	rine Sand	; Dark Gray						
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CONTRAC	CTOR'S	OR LANDOWNER	R'S CERTIFICATION	ON: This water well was	constru	cted. (2) red	constructed.	paged under my iuri	splietien med wa
mpleted on	(mo/dav/	year)			Y	and this rec	ord is true to the b	est of my knowledge a	nd belief. Kansa
ater Well C	ontractor	s License No.	416	This Water We	l Record wa	s completed	on (mo/dav/vr)	01/24/94	
				tants, Inc.		by (sign			
						27 (31211			

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.

## Amended Report State of Kansas State D Room

One AD. Form	Wild For alles
a. County: SEDG-WICK 00067	
C. Owner Name: Ut STERN RESOURCES	
d. Owner Address: 1900 E. CENTRAL City /1/15111174 State V. Zip Code	7214
e. This site is located at (66 characters max.)	Line survivani Non selt coult
f. Encoded Owner Name: WESTERWRES g. Well (site) Number:	7
h. Encoding Scheme (Circle only one number):	2 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
1. If city owned, enter the first 11 letters of the city name (leave a blank space between words if more than one word is used). 2. If County owned, enter the first 11 letters of the county name ("Pottawatomis," for Pottawatomie) or abbreviate when it is necessary to she site ("AL San Lndf," for Allen County Sanitary, Landfill). 3. If business owned, write the first 11 letters of the business name (include RWDs, e.g., SN RWD1, for Shawnee Co. RWD 1). 4. If owned by an Individual, enter the first 8 letters of the last name, a comma, and the first 2 letters of the first name. 5. If none of the above apply, encode the owner name in the most meaningful manner possible and explain procedure in item y.	ow the type of
i. This well (site) is in Sec. 15, Twn. 27, Rng. / (circle one) E/W. From the (circle one) NE/SW/SE/NV this section, this site is	
J. Measurement Method Used (circle only one number):  1. Legal Survey 2. Absolute Survey 3. GPS Survey 4. Technical Survey 5. Compass & Chain 6. Hand Wheel 7. USGS 7.5' Topomap 8. County Road Map 9. Other:	
k. Measured By: D. L. Cox Surveying of (kk.) (Agency), abbreviate	(Bureau).
I. The tag is attached to the We us cas , we . (II.) using METAL STR	AP.
m. Water Source (circle only one number):  1. Well 2. Spring 3. Pit 4. Lake / Pond 5. Stream / River 6. Ditch / Canal 7. Storm Runoff 8. Treated Water (Distribution System) 9. Waste water	
n. Use(s) of Water (circle all that apply):  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 11. Injection Well 12. Artificial Recharge 13. Recreation 14. Other (Specify):	•
O. Type of Casing (circle only one number):  1. Steel 2 PVC 3. RMP (SR) 4. ABS 5. Wrought Iron 6. Asbestos Cement 7. Fiberglass 8. Concrete Tile 9. Other (specify or write "UNK" if unknown):	
p. Form Completed By: ALDRIDGE , D of (pp.) TERRACON (Agency), abbreviate	(Bureau).
q. Your Work Phone Number: (3/6) - 262 - 01-7/ qq. Date: 02 - 25 - 9	7
r. Program Code:  EP ER EE EU EL ET EJ SC SG SN SW SE SP FK LM ES AF PU PC PT PE PD PV PI WI WE PP HL HD HF HS WC RP GS	КС
s. Project Code: U2087191	
t. Optional well number codes": Consultant Code, and / or (S)hallow, (I)ntermediate, or (D)eep	
u. Well Depth (TOC to TD):ft. v. TOC isft. above/below ground elevation. w. TOC Elevation	ı:ft.
x. DWR File Number: xx. Is this a replacement well (circle one)? Yes / N	0
y. Comments:	
	- :
F-20-10	

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