

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 NE NW NW, 22-27S-1E

changed to SE SW SW, 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 map,
and Wichita East 1:24,000 topo. map. initials: DR 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

RECEIVED
JUN 09 2000

Amended Report

State of Kansas
Site I.D. Form



a. County: SEDGWICK b. Site I.D. number: 00067737

c. Owner Name: WESTERN RESOURCES

d. Owner Address: 1900 E. CENTRAL City WICHITA State KS Zip Code 67214

e. This site is located at (66 characters max.) 1900 E. CENTRAL

f. Encoded Owner Name: WESTERNRES g. Well (site) Number: MW-11

h. Encoding Scheme (Circle only one number):
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 ("Pottawatomie," for Pottawatomie) or abbreviate when it is necessary to show the type of 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.

i. This well (site) is in Sec. 15, Twn. 27, Rng. 1 (circle one) E/W. From the (circle one) NE/SW/SE/NW corner of this section, this site is SE 1/4 of the SW 1/4 of the SW 1/4.

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), _____ (Bureau).
last name first init. abbreviate abbreviate

l. The tag is attached to the WELL CASING, (ll.) using METAL STRAP.

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 10. Monitoring Well Only
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), _____ (Bureau).
last name first init. abbreviate abbreviate

q. Your Work Phone Number: (316) - 262 - 0171 qq. Date: 02 - 25 - 94
area code prefix number mm dd yy

r. Program Code:
EP ER EE EU EL ET EJ SC SG SN SW SE SP FK LM ES AR KC
PU PC PT PE PD PV PI WI WE PP HL HD HF HS WC RP GS US

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 is _____ ft. above/below ground elevation. w. TOC Elevation: _____ ft.

x. DWR File Number: _____ xx. Is this a replacement well (circle one)? Yes / No

y. Comments: plugged
530-00

