

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 28-27S-1E

changed to SW SE SW, 28-27S-1E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, city map,
and Wichita East 1:24,000 topo-map. initials: RRK date: 10/17/2001

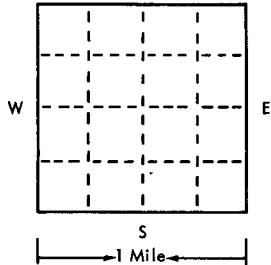
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County Sedgwick	Township name XXXX	Fraction	Section number 28	Town number T27S	Range number R1E
Distance and direction from nearest town or city: West side of foundry, next to new cooling tower. Street address of well location if in city: 805 E. Boston Ave.				3 Owner of well: Grede Foundries, Inc. Address: 805 E. Boston Ave. Wichita, Kansas		
Locate with "X" in section below: 				Sketch map:		
2				4 Well depth: 35.5 ft. Date of completion 8/26/75 Well diameter 8 in.		
Type and color of material				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 checked="" type="checkbox"/> Rotary		
Fill				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> Disposal - Cooling Water		
Brown clay				7 Casing: Material Plst Height: above land Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. 5 in. to 13 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 13 ft. depth		
Fine to coarse sand				8 Screen: Manufacturer Certaintek PVC Type Saw Slot Dia. 5" Slot/gauze 1/4 Length 20' Set between 14 ft. and 34 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ---		
Med. to coarse sand & gravel				9 Static water level: 5 1/2 ft. below land surface Date 8-26-75		
Blue shale				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 checked="" type="checkbox"/> No Date ____		
				12 Well head completion: Sanitary Seal <input checked="" type="checkbox"/> Pitless adapter <input 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 2 ft. to 12 ft.		
				14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input 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 1 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		
(use a second sheet if needed)						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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. Layne Western Co., Inc. Business name Wichita, Kansas License No. ____ Address ____ Signed [Signature] Date 8/29/75 Authorized representative		

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

Form WWC-5