

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: 6-1-1

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): \_\_\_\_\_

Location changed to:

6-27S-1E

SE SE SW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: location of 2265 N. Amidon on Wichita City  
map.

initials: EP date: 8/17/2005

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: <b>Sedgwick</b>		<b>SE</b> ¼ <b>SE</b> ¼ <b>SW</b> ¼	<b>06</b>		<b>T 01 S</b>		<b>R 01 E/W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>2265 N. Amidon</b>								
2 WATER WELL OWNER:		<b>Total Petrochemical USA, Inc.</b>						
RR#, St. Address, Box # :		<b>15710 J. F. K. Blvd</b>						
City, State, ZIP Code :		<b>Houston, TX 77067</b>						
		Board of Agriculture, Division of Water Resources Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>30</b> ft. ELEVATION:						
<div><div>1 Mile</div><div>W</div><div>E</div><div>S</div><div>NW</div><div>NE</div><div>SW</div><div>SE</div><div>X</div></div>		Depth(s) Groundwater Encountered 1 _____ 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 Bore Hole Diameter <b>8.5</b> in. to <b>30</b> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10 Monitoring well</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>						
5 TYPE OF BLANK CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ <b>2 PVC</b> 4 ABS 7 Fiberglass <b>Threaded Flush</b>						
Blank casing diameter <b>1</b> in. to <b>25</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.,		Casing height above land surface <b>Flushmount</b> in., weight <b>0.32</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>						
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <b>PVC</b> 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____						
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot <b>3 Mill slot</b> 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS:		From <b>25</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS:		From <b>23</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL:		1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____						
Grout Intervals From <b>2</b> ft. to <b>23</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____ Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
<b>0</b>	<b>1</b>		<b>Asphalt</b>					
<b>1</b>	<b>12</b>		<b>Clay</b>					
<b>12</b>	<b>15.5</b>		<b>Sandy silt</b>					
<b>15.5</b>	<b>30</b>		<b>Sand</b>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>5-3-05</b> and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>7-8-05</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) _____ INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								

OFFICE USE ONLY

---

不

SEC