

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Location changed to:

Section-Township-Range: None Given19 - 27 S - 1 EFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____SE SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city street map, andWichita East 1:24,000 topo. map.initials: ARL date: 3/13/2007

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. [REDACTED]

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u>		Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section Number	Township Number T S	Range Number R E/W
Distance and direction from nearest town or city street address of well if located within city? <u>232 S. ST. CLAIR . Wichita</u>				Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____		
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>GARY KIRK</u> City, State, ZIP Code : <u>1117 N. ST. PAUL Wichita, 67208</u>				Data Collection Method: _____		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S		4 DEPTH OF COMPLETED WELL ft. 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 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No				
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="radio"/> PVC 4 ABS 7 Fiberglass Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface..... in., weight.....lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From..... ft. to ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft. GRAVEL PACK INTERVALS: From..... ft. to ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From ft. to 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 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <input checked="" type="checkbox"/> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well Direction from well? How many feet?						
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
		This well located in cellar outside of house.				
		At the bottom of stairs. I dug down cut				
		well pipe off and filled with concrete.				
		The well had not been used for the time I had				
		owned the house. About 6 years.				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>3/3/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Recorded was completed on (mo/day/year) Under the business name of by (signature) <u>Gary Kirk</u>						
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.						