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

(to rectify lacking or incorrect information)

Location listed as:	County: Sedgwick Location changed to:
Section-Township-Range: 16-115-1E	16-275-1E NW NE NW
Fraction ( 1/4 1/4 1/4): NW NE NW	NW NE NW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Well address, city tool on Kas website.	street map, and mapping
	initials: DRL date: <u>5/21/200</u> 7
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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.

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	R WELI				Form WWC-5					Division of Water Resources; App. No.				
~	County: Secgnisk					Fraction NW14 NE 1/4 NW 1/4			Section N	,	1	Range Number		
Dista	ince and di	gw/ Cr rection	from ne	earest toy	vn or cit	ty street addre	ess of w	ell if	Global Po		T /7 S	R / EW		
Distance and direction from nearest town or city street address of well if located within city?									Global Positioning Systems (decimal degrees, min. of 4 digits)  Latitude:					
715 East 13th St. Wichita LS									Latitude:					
2 WATER WELL OWNER: Carall									Elevation:					
RR#, St. Address, Box # : 7/ / / /2/ 5/									Datum:					
City, State, ZIP Code : Wrchila, NS 67214									Data Collection Method:					
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL														
	WITH AN "X" IN SECTION BOX:  Depth(s) Groundwater Encountered (1)													
											II.			
N Pump test data: Well water was ft. after hours pumping Est. Yield Well water was ft. after hours pumping hours pumping.										gpm				
										gpm				
	v   NE -										conditioning 11 In			
w	$\bot\bot$	E		nestic gation								ther (Specify below)		
			2 Img	gation	4 Ind	ustriai /	Domesti	ic (lawn &	z garden)	(I) Mor	nitoring well			
SV	V   SE -		Was a	chemical	/bacteri	iological sam	ple subr	nitted to I	Departmer	nt? Yes.	No;	If ves. mo/day/vrs		
		┙									Yes No			
	S													
5 TYPI	E OF CAS	ING U	SED:	5 W	rought I	Iron	8 Conc	rete tile		CASING	G JOINTS: Glued	Clamped		
_							9 Other	(specify	below)		Welded.			
		4 ABS		7 Fit	perglass	0 D:		<u></u>			Threade	d		
Casing l	asing diame	eter	<b>l</b>	in. to		It., Diame	eter		n. to	It.,	Diameterkkness or guage No.	in. to . <del></del>		
TYPE C	F SCREEN	N OR P	PERFOR	RATION	MATE	RIAL:	ıı		108./11.	wan unc	kiless of guage No.	ACA1. (		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 77VC 9 ABS 11 Other (Specify)														
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)														
SCREEN OR PERFORATION OPENINGS ARE:														
1 Continuous slot 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														
From. ft. to ft., From ft. to ft.														
	GRAVEL	PACK	INTER	RVALS:	From	24	ft. to .		ft.,	From	ft. to .	ft.		
					From	·········	ft. to .		ft.,	From	ft. to	<del></del>		
6 GRO	UT MATE	ERIAL	: 1 N	leat ceme	nt 2 (	Cement grout	(3.8e)	ntonite	4 Other					
Grout In			m	ft.	to	ft., F	rom	<u> </u>			., From			
	the nearest	source	of poss	sible cont	aminati	ion:								
	Septic tank					7 Pit privy		0 Livesto	-		ecticide Storage	16 Other (specify		
	Sewer lines Watertight			5 Cess po		8 Sewage lag 9 Feedyard	•	1 Fuel st	orage er Storage		andoned water well	below)		
									•		l well/gas well			
FROM	ТО			LITHO				FROM		<u> </u>	PLUGGING INT			
0.	19	Sel	H cl			****								
14	24	Saw		to Cop	vil q	raid								
										-				
									<b></b>					
	+													
				-										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, (2) reconstructed, or (3) plugged														
under my jurisdiction and was completed on (mo/day/year)														
under the hydrogeness some of O. Co. C. M. T. h. (signature)														
INSTRUC	CTIONS: Us	e typewr	iter or ba	all point per	ı. <i>PLEA</i> S	<u>SE PRESS FIRM</u>	<u>1LY</u> and <u>P</u>	RINT clear	ly. Please fi	ill in blanks	, underline or circle the c	orrect 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										s 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. Visit us at http://www.kdheks.gov/waterwell/index.html.														