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

(to rectify lacking or incorrect information)

Location listed as:	County: Seagwick Location changed to:
Section-Township-Range: 16-115-1E	16-275-1E NW NE NW
Fraction (¼ ¼ ¼): NW NE NW	NW NE NW
Other changes: Initial statements:	
Changed to:	
Comments:	
verification method: Well address, city : tool on KGS website.	street map, and mapping
	initials: DRL date: <u>5/21/200</u> 7
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	onstant Ave. Lawrence, KS 66047-3726

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

WATE	D WELL	RECORD	Form WWC-	_ M	W-ZB	Voton Danson Ann	No	
			Fraction	.3	Section Number	Vater Resources; App. er Township Nur		
Cour	ntv.	WATER WELL.	AMA NEW A	11/4	16	T /7 S	R R W	
Dista	ance and diffe	ection from nearest town or cit	v street address of we	ell if			nal degrees, min. of 4 digits)	
locat	1 4 1 141 14 0				Latitude:			
	715 F. 12th St. Wichita, KS				Longitude:			
2 WA	TER WEL	LOWNER: Carail			Elevation:			
RR#, St. Address, Box # : 713 E. 735"37.			Elevation: Datum:					
City, State, ZIP Code : Wichita, KS 67214 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 2.4.				Data Collection Method:				
3 LOC	CATE WEL	L'S 4 DEPTH OF COMP	LETED WELL	24.5		. ft.		
LOC	CATION			4 -				
WIT	'H AN "X"	IN Depth(s) Groundwater	Encountered (1).	<u> </u>	ft. (2)	ft.	(3) ft. o/day/yr. 4-13-07	
SEC	TION BOX	: WELL'S STATIC WA	TER LEVEL	2016it	. below land sur	face measured on m	o/day/yr 9-13-07	
	N	Pump test data	: Well water was		ft. after	hours pump	pinggpm	
	X	Est. Yieldgpm	: Well water was		ft. after	hours pump	ping gpm	
N	W NE	WELL WATER TO B	E USED AS: 5 Publ	ic water	supply 8 A	Air conditioning	l I Injection well	
w		E 1 Domestic 3 Feed	llot 6 Oil field	water su	ipply	Dewatering	12 Other (Specify below)	
'		i	ustriai / Domesti	c (lawn	& garden)	vionitoring well	•••••	
sv	V SE	Was a chemical/bacteri	ological sample subn	aitted to	Danartment? V	res No	Y: If yes molday/yrs	
		Sample was submitted	ological sample such	Wate	er well disinfect	ed? Ves No	If yes, mo/day/yrs	
	S	Sample was submitted.		. *************************************	or well distilled	Ju: 105 14	J	
5 TVD		NC USED: 5 Wrought I	mon 9 Como	rata tila	CAS	TNG IONTS, Ch.	ad Clampad	
	Steel 3	NG USED: 5 Wrought I 6 RMP (SR) 6 Asbestos-	TOII 8 COIIC		below)		ded	
	PVC 4	ARS 7 Fiberglass	Cement 9 Omer					
Blank c	asing diamet	ABS 7 Fiberglass rer in. to	ft Diameter		in to	ft Diameter	in to ft	
Casing	neight above	land surface. Flush	in Weight		lbs./ft. Wall	thickness or guage	No. Sala 40	
TYPE C	F SCREEN	OR PERFORATION MATE	RIAL:					
1	Steel	3 Stainless Steel 5 Fiber	glass Ø VC	9 /	ABS	11 Other (Spe	cify)	
_		4 Galvanized Steal 6 Conci	rete tile 8 RM (SR) 10	Asbestos-Cemer	nt 12 None used	(open hole)	
		ORATION OPENINGS ARE						
1	Continuous	slot Mill slot 5 G	auzed wrapped 7 T	orch cut	9 Drilled ho	oles 11 None (o	pen hole)	
2	Louvered sh	outter 4 Key punched 6 W ATED INTERVALS: From	ire wrapped 8 S	aw Cut	10 Other (sp	ecify)		
SCREE	N-PERFOR	ATED INTERVALS: From	ft. to	<i>(!.</i> ::	ft., Fron	1 tt.	. to ft.	
	CD AMEL I	PACK INTERVALS: From	74 5 a to	12	ft., Fron	1 It	. to ft.	
	GRAVEL	From	ft to		ft Fron	1 II	. to ft.	
		FIOIII			11., F1011	1 11	. 1011.	
6 GRO	UT MATE	RIAL: 1 Neat cement 2 (Cement grout (3)Ber	ntonite	4 Other			
Grout Ir	itervals:	From ft. to	ft., From	<u> </u>	ft. to	ft., From	ft. toft.	
		source of possible contaminati						
	Septic tank	4 Lateral lines				Insecticide Storage	` ` `	
	Sewer lines			1 Fuel s		Abandoned water	well below)	
	Watertight s				_	5 Oil well/gas well		
		?				DI LICCINIO		
FROM	TO	Silty Clay	LUG	FROM	OT 1	PLUGGING	INTERVALS	
0			4 6 1					
14	24.5	Sand fine to com	2 Jave					
							Manager to the state of the sta	
		With the second of the second						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged								
under my jurisdiction and was completed on (mo/day/year) 4.13.07 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No7.0 This Water Well Record was completed on (mo/day/year)								
under the business name of Below boyd Surface True by (signature) with 1 signature or circle the correct answers. Send top INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, undertied or circle the correct answers. Send top								
INSTRUC	CTIONS: Use	typewriter or ball point pen. <u>PLEAS</u>	SE PRESS FIRMLY and P	RINT clea	rly. Please fill in b	anks, undertine 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. Visit us at								
http://www.kdheks.gov/waterwell/index.html.								