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

(to rectify lacking or incorrect information)

Sedamich

County:

Location listed as:	Location changed to:
Section-Township-Range: 16-175-1E	16-215-1E
Fraction (1/4 1/4 1/4): NW NE NW	16-275-1E NW NE NW
Other changes: Initial statements:	
Changed to:	
	·
Comments:	
verification method: Well address city s	street map, and mapping
verification method: Well address, city s tool on KGS website.	7
	initials: DRL date: 5/21/2007
	(

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.

					/	NW-	3B	Γ	***	
	R WELI			Form WWC	<u>-5</u>			r Resources; App. No. L		
			TER WELL:	Fraction				Township Number		
Cou	nty:	edgu	rick	or city street address of w	W 1/4		6		R / TyW	
		. '- 0			en n	ı	1	Systems (decimal deg		
located within city? 715 E. 13th St. Wichita, KS						Latitude:				
2 WATER WELL OWNER: Carg						Longitude:				
RR#, St. Address, Box # : 715 E 1716 Sh						Elevation:				
City, State, ZIP Code : Wichita, KS 67214						Datum: Data Collection Method:				
	CATE WE		A DEPTH OF C	OMPLETED WELL	23		ft.	vietnoa:		
	CATION	LLS	4 DEFINOR CO	OMPLETED WELL		• • • • • • • • • • • • • • • • • • • •	11.			
	TH AN "X"	' IN	Denth(s) Groundw	vater Encountered (1)	17	ft	(2)	- ft (3)	—	
	TION BO		WELL'S STATIC	water Encountered (1). C WATER LEVEL	.B fi	. below	land surface	measured on mo/day/	vr 4-13-07	
~	N		Pump test	data: Well water was		ft. aft	er	hours pumping	gpm	
	X	_	Est. Yield	.gpm: Well water was		ft. afte	er	hours pumping	gpm	
	W NE		WELL WATER T	O BE USED AS: 5 Pub	lic water	supply	8 Air	conditioning 11 Inje	ection well	
w	W NE	E	1 Domestic 3	O BE USED AS: 5 Pub Feedlot 6 Oil field	d water si	upply	9 Dew	ratering 12 Oth	ner (Specify below)	
		7	2 Irrigation 4	Industrial 7 Domest	ic (lawn	& garde	n) 🐠 Mor	itoring well		
S'	W SE					_		🗸		
			Was a chemical/ba	acteriological sample sub	mitted to	Departn	nent? Yes.	No;	If yes, mo/day/yrs	
			Sample was submi	itted	Wat	er well d	lisinfected?	Yes No	•••	
	S									
5 TYP	E OF CAS	ING U	SED: 5 Wrou	ight Iron 8 Constos-Cement 9 Othe	crete tile		CASINO	G JOINTS: Glued	Clamped	
l K	Steel	3 RMI	P (SR) 6 Asbe	stos-Cement 9 Othe	r (specify	below)		Welded	.	
Planta	PVC	4 ABS	7 Fiber	glass ft., Diameter			··············	Threaded		
Cosing	asing diam	eter	in. to	It., Diameter	,	in. to	It.,	Diameteri	n. to	
TVDE	DE SCREE	N OP E	PERFORATION M.	ATERIAL	• • • • • • • • • • • • • • • • • • • •	.10S./II.	wan thic	kness or guage No.	?c.M.o	
	Steel	3 Stai	nless Steel 5 F	Fiberglass O VC	Q	ARS		11 Other (Specify) .		
	Brass	4 Gal	vanized Steal 6 (Concrete tile 8 RM (SI	R) 10	Asbesto	s-Cement	12 None used (open	hole)	
		FORA'	TION OPENINGS	ARE:	.,	11500510	5 Comon	12 I tolle used (open	noio)	
1	Continuou	s slot	Mill slot	5 Gauzed wrapped 7	Forch cut	9 D	rilled holes	11 None (open ho	ole)	
2	Louvered s	shutter	4 Key punched	6 Wire wrapped 8 to	Saw, Cut	10 O	ther (specif	y)	<i>′</i>	
SCREE	N-PERFO	RATEI	INTERVALS: Fr	om	!.3	1	ft., From	ft. to	ft.	
			Fr	rom ft. to			ft., From	ft. to	ft.	
	GRAVEL	PACK	INTERVALS: Fr	rom2.3 ft. to			ft., From		ft.	
			Fr	rom			ft., From	ft. to	ft.	
6 CRO	UT MATI	FRIAT	1 Neat cement	2 Cement grout 73 Be	ntonite	4 Other	•			
	ntervals:		m	ft., From		ft to	fi	From	ft to — ft	
			of possible contam		• • • • • • • • • • • • • • • • • • • •	10. 10		., 110111	10. 10	
	Septic tank				10 Livest	ock pens	s 13 Ins	ecticide Storage	16 Other (specify	
	Sewer line		5 Cess pool		11 Fuel s	_		andoned water well	below)	
3	Watertight	sewer	lines 6 Seepage p	oit 9 Feedyard	12 Fertili	zer Stora	age 15 Oi	l well/gas well .		
	n from wel	1?	<u></u>	• • • • • • • • • • • • • • • • • • • •	How mar	y feet?.				
FROM	TO		LITHOLO		FROM	1 TO		PLUGGING INTE	ERVALS	
0	14	Sil	ty clay The to coorse							
14	13	Sand	his to coarse	grain						
			-1							
7 CONT	TD A CTOT) te on	LANDOWNED	CEDTIFICATION: T	hia meter	. vvo11	ng (1) accorde	uotad (2) mass metro de	nd on (2) =11	
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)										
Kansas Water Well Contractor's License No. 710 This Water Well Record was completed on (mo/day/year)										
under th	e business	name o	of ReforEss	Suface Fre			ature) <i>2</i> 11			
INSTRU	CTIONS: Us	se typewi	riter or ball point pen.	PLEASE PRESS FIRMLY and I					rrect answers. Send top	
three copi	es to Kansas	Departme	ent of Health and Enviro	onment, Bureau of Water, Geole	gy Section	, 1000 SW	Jackson St., S	Suite 420, Topeka, Kansas	66612-1367. Telephone	
785-296-5	522. Send	one t	O WATER WELL (OWNER and retain one for	or your r	ecords.	ree of \$5.0	00 for each constructed	well. Visit us at	

http://www.kdheks.gov/waterwell/index.html.