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

Sedonist

(to rectify lacking or incorrect information)

| Location listed as: | 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 KGS website. | street map, and mapping |
| | 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.

| WARED WELL DEA | CORR | | | MW-6B | | | | |
|--|---------------------------------|---|-------------------------|------------------------|--------------------------|------------------------|--|--|
| WATER WELL REC | | Form WWC | -5 | | er Resources; App. No. L | | | |
| 1 LOCATION OF WA | TER WELL: | Fraction | /. / 1/ | Section Number | Township Number T / 7 S | | | |
| County: Section Distance and direction | from pogradt town or | vity street address of w | oll if | | g Systems (decimal dea | | | |
| located within city? | | thy sheet address of w | CII II | Latituda | | | | |
| located within city? 715 E. 13th St. Wichitanhs | | | Lantude: Longitude: | | | | | |
| 2 WATER WELL OW | NER: Carall | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Flevation: | | | | |
| 2 WATER WELL OWNER: Cary !! RR#, St. Address, Box # : 715 E 1374 St. | | | Elevation: Datum: | | | | | |
| City, State, ZIP Code: Wrchite, KS 67214 | | | Data Collection Method: | | | | | |
| 3 LOCATE WELL'S | 4 DEPTH OF COM | | W | ft | | | | |
| LOCATION | LOCATION | | | | | | | |
| WITH AN "X" IN | | | | | | | | |
| SECTION BOX: | WELL'S STATIC W | ATER LEVEL!!:: | છ ft | . below land surfac | e measured on mo/day | /yr. 4-(3-07 | | |
| N | Pump test da | ta: Well water was | . | ft. after | hours pumping | gpm | | |
| X | | m: Well water was | | | | | | |
| NW NE | | BE USED AS: 5 Pub | | | | | | |
| W E | 1 Domestic 3 Fe | edlot 6 Oil field | i water si | ipply 9 De | watering 12 Ot | her (Specify below) | | |
| | 2 Irrigation 4 In | dustrial 7 Domest | ic (lawn | & garden) U Mo | nitoring well | ••••• | | |
| SW SE | Was a chemical/bact | eriological sample sub | mitted to | Department? Vec | No X | If yee molday/yre | | |
| | Sample was submitte | dd | U Donniii. Wata | or well disinfected? | Vec No | 11 yes, 1110/day/yis | | |
| S | Sample was submitte | ш | wan | or went distillected: | 103 110 | •••• | | |
| | (SED. 5 Wrough | t Iron 9 Con | arata tila | CASIN | C IOINTS: Clued | Clampad | | |
| 5 TYPE OF CASING U | SED: 5 Wrough | s-Cement 9 Othe | reie ille r (specifi | (ASIN | Welded | Clamped | | |
| MOVC 4 ARS | 7 Fibergla | s-cement 9 ome | i (specify | (octow) | Threaded | 14 | | |
| Blank casing diameter | / in to 14 | ft Diameter | | in to ft. | Diameter - | in. toft. | | |
| Blank casing diameter Casing height above land | surface Flush | in., Weight | - | .lbs./ft. Wall thi | ckness or guage No | 5=4.40 | | |
| TYPE OF SCREEN OR I | PERFORATION MAT | ERIAL: | | | | | | |
| 1 Steel 3 Stai | nless Steel 5 Fibe | erglass (7.4VC | 9 / | ABS | 11 Other (Specify) | | | |
| | vanized Steal 6 Con | | R) 10 | Asbestos-Cement | 12 None used (open | hole) | | |
| SCREEN OR PERFORA | | | | | | | | |
| 1 Continuous slot | | Gauzed wrapped 7 | | | | | | |
| 2 Louvered shutter | 4 Key punched 6 | Wire wrapped 85 | Saw Cut | 10 Other (speci | fy) | | | |
| SCREEN-PERFORATED |) INTERVALS: From | | | It., From | | II. | | |
| GRAVEI PACK | From INTERVALS: From | 24 ft to | 12 | It., F10111 ft From | ft to | ft | | |
| GRAVELTACK | From | 1 ft. to | ···· | ft From | ft to | ft | | |
| | | | | | | | | |
| 6 GROUT MATERIAL | : 1 Neat cement 2 | Cement grout 3 Be | ntonite | 4 Other | | | | |
| | m 1.2 ft. to | | ···· | ft. to: | ft., From | ft. to ft. | | |
| What is the nearest source | - | | 10.71 | 1 10 7 | | 1601 (10 | | |
| 1 Septic tank | 4 Lateral lines | ± • | | | | 16 Other (specify | | |
| 2 Sewer lines | 5 Cess pool lines 6 Seepage pit | | l 1 Fuel s | _ | bandoned water well | below) | | |
| 3 Watertight sewer Direction from well? | 1 0 1 | • | | | il well/gas well | ••••• | | |
| FROM TO | , LITHOLOGI | | FROM | | PLUGGING INT | | | |
| 0 14 51/1 | 4 clas | C EOG | TRON | | T LOGGING IIVI | LICVILLO | | |
| 14 24 San | d. Are to cours | r averta | | | | | | |
| | V. 110 10 CC | V JV IV I | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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 Contr | actor's License No | This Water | Well Re | cord was complete | ا (mo/daty/year) جاء. | - 1-0 / | | |
| under the business name of | 1/3/ 100 6/00M | surface, Lnc. | <u>b</u> | y (signature) | M 1-87 | 9 1: | | |
| INSTRUCTIONS: Use typew three copies to Kansas Departm | | | | | | | | |
| 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/waterwe | | | | · | | | | |