

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as SW SW SW, 19-27S-1 E/W

changed to SW SW SW, 19-27S-1E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: written & legal descriptions, position on plat map,
city map, and Wichita East 1:24,000 topo map. initials: DRJ date: 10/17/2001

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>19</u>	<u>T 27 S</u>	<u>R 1</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>2436 W. Maple Wichita KS</u>					
2 WATER WELL OWNER:		<u>Tim Holzman</u>			
RR#, St. Address, Box # :		<u>2502 West Maple</u>			
City, State, ZIP Code :		<u>Wichita KS 67213</u>			
		Board of Agriculture, Division of Water Resources Application Number: <u>MW-3</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>20</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>13</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>13.19</u> ft. below land surface measured on mo/day/yr <u>1-22-90</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8</u> in. to <u>20</u> ft., and _____ in. to _____ ft.			
		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 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel		5 Wrought iron			
3 RMP (SR)		8 Concrete tile			
2 PVC		6 Asbestos-Cement			
4 ABS		9 Other (specify below)			
Blank casing diameter <u>2</u> in. to <u>10</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass			
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>5.640</u>		Welded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		Threaded <u>X</u>			
1 Steel		7 PVC			
3 Stainless steel		10 Asbestos-cement			
2 Brass		8 RMP (SR)			
4 Galvanized steel		11 Other (specify) _____			
6 Concrete tile		12 None used (open hole)			
9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped			
1 Continuous slot		8 Saw cut			
3 Mill slot		11 None (open hole)			
2 Louvered shutter		6 Wire wrapped			
4 Key punched		9 Drilled holes			
SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.		7 Torch cut			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.		10 Other (specify) _____			
GRAVEL PACK INTERVALS: From <u>9</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement		2 Cement grout			
Grout Intervals: From <u>surface</u> ft. to <u>6</u> ft., From <u>6</u> ft. to <u>9</u> ft., From _____ ft. to _____ ft.		3 Bentonite			
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		14 Abandoned water well			
4 Lateral lines		11 Fuel storage			
2 Sewer lines		15 Oil well/Gas well			
5 Cess pool		12 Fertilizer storage			
3 Watertight sewer lines		16 Other (specify below)			
6 Seepage pit		13 Insecticide storage			
7 Pit privy					
8 Sewage lagoon					
9 Feedyard					
Direction from well? <u>West</u>		How many feet? <u>200</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Brown, clayey SILT			
6	11	Gray, fine sandy CLAY			
11	20	Brown/Gray coarse to fine SAND			
casing height and grout variance granted					
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) <u>1-22-90</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>51</u> This Water Well Record was completed on (mo/day/yr) <u>2/22/90</u>					
under the business name of <u>Groundwater Tech. Inc.</u> by (signature) <u>Bryan Inland</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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