

County: Sedgwick Fraction E2 E2 NW NW Sec. 22 T 27 S R 2 (E)W

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)
(to rectify lacking or incorrect information)

Owner: Phil Snodgrass

Location was listed as:

Section-Township-Range: 22-27S-2E

Fraction (1/4 1/4 1/4): C NW NW

Location changed to:

22-27S-2E

E2 E2 NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Written description, city street map, and mapping tool on KGS website.

initials: DRG date: 7/24/2015

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.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction $\frac{1}{4}$ <u>C NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	Section Number <u>22</u>	Township Number <u>T 27 S</u>	Range Number <u>R 2 E</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Ellison Ct Duplexes Central + Greenwich Rd 1/4 mile east to Ellison 1/8 mile south</u>					
2 WATER WELL OWNER: <u>Phil Snodgrass</u>		RR#, St. Address, Box #: <u>2400 N. Woodlawn</u>			
City, State, ZIP Code: <u>Wichita, KS 67220</u>		Board of Agriculture, Division of Water Resources Application Number: _____			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>90</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered: 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL: <u>35</u> ft. below land surface measured on mo/day/yr <u>10-1-01</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>10</u> in. to <u>90</u> ft. and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		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 <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				CASING JOINTS: Glued <u>X</u> Clamped _____	
				Welded _____	
				Threaded _____	
Blank casing diameter: <u>12</u> in. to <u>70</u> ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.					
Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>70</u> ft. to <u>90</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>90</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other _____					
Grout Intervals: From <u>4</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	Clay			
20	38	shale			
38	40	lime			
40	56	shale + lime			
56	82	shale			
82	90	lime			
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>10-1-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>171</u> This Water Well Record was completed on (mo/day/yr) <u>10-15-01</u> under the business name of <u>G & S Drilling Inc.</u> by (signature) <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

T

R

E/W

SEC.

1/4

1/4

1/4