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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:	**Location changed to:**
Section-Township-Range: 36-27S-2E	36-27S-2E
Fraction (¼ ¼ ¼): SW NW NE	NW SE NE

Other changes: Initial statements: Butler County

Changed to: Sedgwick County

Comments:

verification method: Well address, and county map.

initials: DRL date: 10/13/2004

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.

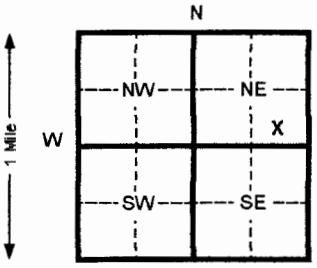
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **BUTLER** | Fraction: **SW** ¼ **NW** ¼ **NE** ¼ | Section Number: **36** | Township Number: T **27S** S | Range Number: R **2E** E/W

Distance and direction from nearest town or city street address of well if located within city?
15610 E. WOODREEK; ANDOVER

2 WATER WELL OWNER: **ROBERT TURNER**
RR#, St. Address, Box # : **15610 E. WOODCREEK**
City, State, ZIP Code : **ANDOVER, KS**
Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **50** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **20** ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL **20** ft. below land surface measured on mo/day/yr **2/27/04**
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 **10** in. to **50** ft. and ____ in. to ____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes ____ No **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass Threaded
Blank casing diameter **5** in. to **50** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **16** in., weight **160** lbs./ft. Wall thickness or gauge No. **26**

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From **40** ft. to **50** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **25** ft. to **50** ft. From ____ ft. to ____ 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 **3** ft. to **25** 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 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage
Direction from well? **SOUTHEAST** How many feet? **70**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		TOPSOIL			
2	18		CLAY			
18	26		GREEN SHALE			
26	31		BLUE SHALE			
31	37		LIMESTONE			
37	50		BLUE SHALE			

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/yr) **2/28/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **611** This Water Well Record was completed on (mo/day/yr) **3/20/04**
under the business name of **CHASE DRILLING** by (signature) R Chase

INSTRUCTIONS:. *Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.*

OFFICE USE ONLY T R SEC