

County: Sedgwick Fraction SW NW SE SW Sec. 22 T 27 S R 2 EW

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

(to rectify lacking or incorrect information)

Owner: Lester B. Kappelman

Location was listed as:

Location changed to:

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

22-27S-2E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW SE SW

SW NW SE SW

Other changes: Initial statements: _____

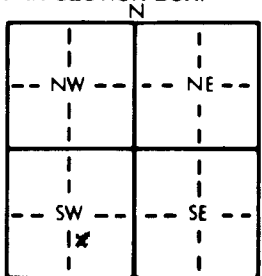
Changed to: _____

Comments: _____

Verification method: written directions, city street map, and mapping tool on KGS website.

initials: DRJ date: 7/30/2015

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 <u>NW 1/4 SE 1/4 SW 1/4</u>	Section Number <u>22</u>	Township Number <u>T 27-S</u>	Range Number <u>R 2-E</u>	E/W <u>E/W</u>
Distance and direction from nearest town or city, street address of well if located within city? <u>Approximately 68' East of East Line of Ellison and approximately 125' North of North Line of Lewis St. on Lot 1, Baxter Place Addition, Wichita, Kans. commonly known as 11604 E. Lewis St.</u>						
2 WATER WELL OWNER: <u>LESTER B. KAPPELMAN, d/b/a CKG REALTY</u> RR#, St. Address, Box #: <u>144 N. OLIVER AVE.</u> City, State, ZIP Code: <u>WICHITA, KANS. 67208</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>68</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <u>41</u> ft. below land surface measured on mo/day/yr <u>7/7/92</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 _____ in. to _____ 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 ☐ 7 Lawn and garden only ☐ 9 Dewatering ☐ 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____				
5 TYPE OF BLANK CASING USED: ☒ 1 Steel ☐ 3 RMP (SR) ☐ 5 Wrought iron ☐ 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ ☐ 2 PVC ☐ 4 ABS ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) Welded _____ ☐ 7 Fiberglass _____ Threaded _____ Blank casing diameter <u>6"</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>4 ft. below</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ 1 Steel ☐ 3 Stainless steel ☐ 5 Fiberglass ☐ 7 PVC ☐ 10 Asbestos-cement ☐ 2 Brass ☐ 4 Galvanized steel ☐ 6 Concrete tile ☐ 8 RMP (SR) ☐ 11 Other (specify) <u>NA</u> ☐ 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: ☐ 1 Continuous slot ☐ 3 Mill slot ☐ 5 Gauzed wrapped ☐ 8 Saw cut ☐ 11 None (open hole) ☐ 2 Louvered shutter ☐ 4 Key punched ☐ 6 Wire wrapped ☐ 9 Drilled holes ☐ 7 Torch cut ☐ 10 Other (specify) <u>NA</u> SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: ☐ 1 Neat cement ☐ 2 Cement grout ☐ 3 Bentonite ☒ 4 Other <u>QUICK RITE SAND MIX CEMENT</u> Grout Intervals: From _____ ft. to _____ 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) Direction from well? <u>SOUTH to house lateral</u> How many feet? <u>60'</u>						
FROM		TO		LITHOLOGIC LOG		PLUGGING INTERVALS
68		4		Quick Rite Sand Mix Cement plus cement cap poured over top of filled casing.		
0		4		Surface soil refilled to ground level (11 Bags total cement)		
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>7/8/92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>Lester B. Kappelman d/b/a CKG Realty</u> by (signature) <u>Lester B. Kappelman</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.						