

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

County: Sedgwick

Location ~~changed to:~~

14-285-1E

SE NW NW

Other changes: Initial statements: Static Water Level: 20.97

Changed to: Static Water Level: ~18

Comments: _____

verification method: Phone call to well contractor.

initials: DRd date: 8/9/2006

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:		Fraction		Section Number		Township Number		Range Number	
County: Sedgwick		SE ¼ NW ¼ NW ¼		14		T 28 S		R 01 E	
Distance and direction from nearest town or city street address of well if located within city? Approx. 500' South of Intersection of MacArthur and Englewood									
2 WATER WELL OWNER: Boeing									
RR#, St. Address, Box # : 2727 E. MacArthur					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Wichita, KS 67216					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 19 ft. ELEVATION: 1299.235 (GL)							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 20.97 ft. below land surface measured on mo/day/yr 6/14/2006 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 3.5 in. to 19 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 _____ No X							
		5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ 2 PVC 4 ABS 7 Fiberglass Threaded Flush							
		Blank casing diameter _____ in. to 14 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 24 in., weight 0.32 lbs./ft. Wall thickness or gauge No. SCH. 80							
		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 14 ft. to 19 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 12 ft. to 19 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 0 ft. to 10 ft. From 10 ft. to 12 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? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	12		Not logged						
12	15.5		Clay, lt reddish brown, some caliche, slightly sandy						
15.5	17		Clayey sand, reddish brown, fine to medium grained						
17	18		Sand, fine to coarse grained, iron staining, wet						
18	18.5		Sandy clay, lt brown, medium plasticity, wet, ~1/2" layer gravel on top of olive clay						
18.5	20		Clay, olive mottled with reddish brown						
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) 6/9/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 6/12/06 under the business name of Geotechnical Services Inc. by (signature) <i>[Signature]</i>									
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.									

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