

County: Sedgwick Fraction SE NE NE Sec. 16 T 28 S R 1 E/W

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

(to rectify lacking or incorrect information)

Owner: Brend Byrd

Location was listed as:

Section-Township-Range: None Given

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

Location changed to:

16-28S-1E

SE NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: wellsite address, city street map, and
mapping tool on KGS website.

initials: DRA date: 10/25/2012

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	1/4	1/4	1/4	Section Number	Township Number	Range Number		
County: Sedgwick							T	S	R	E/W
Distance and direction from nearest town or city street address of well if located within city?										
2 WATER WELL OWNER: Brenda Byrd						Well #1				
RR#, St. Address, Box #: 1640 Alta						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: 20 ft. ELEVATION:				
						Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.				
WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr 10/15/12						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:						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 X						If yes, mo/day/yr sample was submitted				
Water Well Disinfected? Yes X No						CASING JOINTS: Glued Clamped				
5 TYPE OF BLANK CASING USED:						6 Asbestos-Cement 9 Other (specify below) Welded				
1 Steel 3 RMP (SR) 7 Fiberglass						Threaded				
2 PVC 4 ABS						Blank casing diameter 1 1/2 in. to ft. Dia in. to ft. Dia in. to ft.				
Casing height above land surface 4 ft. below in. weight lbs./ft. Wall thickness or gauge No.						TYPE OF SCREEN OR PERFORATION MATERIAL:				
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 ft. to ft. From ft. to ft. From ft. to ft.						GRAVEL PACK INTERVALS: 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 20 ft. to 4 ft. From ft. to ft. From ft. to ft.				
What is the nearest source of possible contamination: unknown						10 Livestock pens 14 Abandoned water well				
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well						2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)				
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage						How many feet?				
Direction from well?						PLUGGING INTERVALS				
FROM TO LITHOLOGIC LOG FROM TO						20 4 Neat cement				
						4 0 Compacted soil				
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) 10/15/2012 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) 10/15/2012 under the business name of A Good Plumber, Inc. by (signature) Karen S. Ryzko										
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.										