

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as 17-285-1E

changed to SW NW NE, 17-285-1E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: written & legal descriptions, Wichita city map, and

Derby 1:24,000 topo. map. initials: DRJ date: 10/12/2001

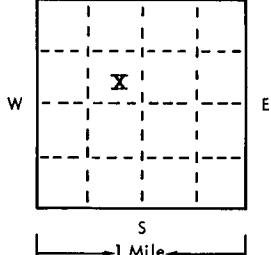
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Sedgwick	Township name Riverside	Fraction	Section number 17	Town number 28S	Range number 1E		
Distance and direction from nearest town or city: 4111 South Waco			3 Owner of well: Donald Trimble					
Street address of well location if in city: Wichita, Kansas			Address: 4111 South Waco Wichita, Kansas					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 42 ft. Date of completion 3-31-75 Well diameter 11 in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			Dirt and Sand loam		0	5	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
			Fine sand		5	20	7 Casing: Material Styrene height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 42 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
			Coarse sand and fine gravel		20	42	8 Screen: Sunflower Plastic Manufacturer Sunflower Plastic Type Styrene Dia. 5" Slot/gauze .005 Length 15' Set between 27 ft. and 42 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2-1/8"	
							9 Static water level: 16 ft. below land surface Date 3-31-75	
							10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
							11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
							12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 <input checked="" type="checkbox"/> Inches above grade	
							13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to 12 ft.	
							14 Nearest source of possible contamination: Septic tank ft. 110 Direction West Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Sta-Rite Model number LP6D2 HP 3/4 Volts 230 Length of drop pipe 25 ft. capacity 20 g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other					
			16 Remarks: elevation					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Harp Well & Pump, Inc. 236 Business name Wichita, Kansas License No. _____ Address _____ Signed Mrs. Arnold Date 3-1-75 Authorized representative					

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5