

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 1-28-2E

changed to NW SE NE, 2-28S-1E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address on form, city map, and

Wichita East 1:24,000 topo map initials: DRF date: 10/11/2001

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

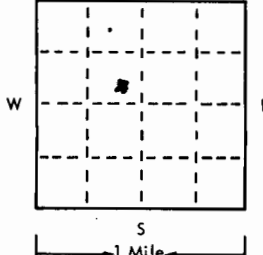
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County Sedgwick	Township name	Fraction	Section number 1	Town number 28	Range number 2E
Distance and direction from nearest town or city:				3 Owner of well: Cessna Activity Center		
Street address of well location if in city: 2744 George Washington Blvd.				Address: 2744 George Washington Blvd. Wichita Kansas 67221		
Locate with "X" in section below: 				Sketch map:		
2				4 Well depth: 64 ft. Date of completion 6-14-75 Well diameter 12 in.		
Type and color of material				5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
Blue clay				6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☒ Grass watering		
Broken Sandstone Rock				7 Casing: Material Plastic Height: above/below Threaded ☐ Welded ☐ Surface 24 in. Diam. 12 in. Weight 200 lbs./ft. 1 in. to ft. depth Drive shoe? ☐ Yes ☐ No in. to ft. depth		
Lime or Gyp Rock				8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack ☒ Yes ☐ No Size range of material _____		
Blue Shale				9 Static water level: 18 ft. below land surface Date 6-14-75		
Lime				10 Pumping level below land surfaces: 43 ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m.		
Blue Shale				11 Water sample submitted: ☐ Yes ☒ No Date _____		
Soft Broken Rock				12 Well head completion: ☐ Pitless adapter ☐ Inches above grade		
Blue Shale				13 Well grouted? ☒ Yes ☐ No ☐ Neat cement ☒ Bentonite ☐ _____ Depth: From _____ ft. to _____ ft.		
Lime stone				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? ☒ Yes ☐ No		
(use a second sheet if needed)				15 Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
16 Remarks: elevation				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. Carlson Cere Drlg Co. 200 Business name License No. Address 9740 S.W. Blvd Wichita Signed Alvin J. Carlson Date 6-14-75 Authorized representative		

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

Form WWC-5