

County: Sedgwick Fraction SE SW NW Sec. 12 T 28 S R 2 EW

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

(to rectify lacking or incorrect information)

Owner: Jim Bowers

Location was listed as:

Location changed to:

Section-Township-Range: 12-28S-1E

12-28S-2E

Fraction (1/4 1/4 1/4): SW SW NW

SE SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: well owner's address, Sedgwick County
online parcel search, and mapping tool & aerial
photos on KGS website. initials: DR date: 7/25/2013

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number		Range Number	
County: Sedgwick		SW ¼ SW ¼ NW ¼		12	T 28s S		R 1E E/W	
Distance and direction from nearest town or city street address of well if located within city?				Global Positioning System (decimal degrees, min. of 4 digits)				
2 WATER WELL OWNER: Jim Bowers RR#, St. Address, Box # : 3556 S 143 rd E City, State, ZIP Code : Wichita, Ks 67228				Latitude: _____				
				Longitude: _____				
				Elevation: _____				
				Datum: _____				
Data Collection Method: _____								

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 98 ft. Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>30</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____
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5 TYPE OF CASING USED:		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued <u>x</u> Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below) _____	
2 PVC		4 ABS		7 Fiberglass		Welded _____	
						Threaded _____	
Blank casing diameter <u>5</u> in. to <u>22</u> ft., Dia		<u>5</u> in. to _____ ft., Dia				in. to _____ ft.	
Casing height above land surface <u>12</u> in., Weight		<u>2.40</u> lbs./ft.		Wall thickness or gauge No. <u>160psi</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)	
						9 ABS	
						11 Other (specify) _____	
						12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		3 Mill slot		5 Gauge wrapped		7 Torch cut	
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut	
						9 Drilled holes	
						11 None (open hole)	
						10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:							
From <u>22</u> ft. to <u>98</u> ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From <u>22</u> ft. to <u>98</u> 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 <u>3</u> ft. to <u>20</u> ft.		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		13 Insecticide Storage	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage		14 Abandoned water well	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		15 Oil well/ gas well	
								16 Other (specify below) _____	
Direction from well? <u>South</u>				How many feet? <u>350</u>					

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	24	clay			
24	47	limestone			
47	98	Blue shale			

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>12-5-06</u> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <u>740</u>	This Water Well Record was completed on (mo/day/year) <u>1-4-07</u>
under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Michael E. Weninger</u>	

INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.