

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 1-285-2E

changed to SE SW SW, 1-285-2E

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Well address, legal description, Wichita city map,  
and Andover 1:24,000 topo map. initials: DRB date: 10/24/2001

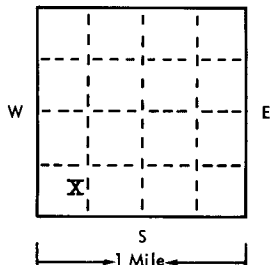
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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 <b>Sedgwick</b>	Township name <b>Gypsum</b>	Fraction	Section number <b>1</b>	Town number <b>28S</b>	Range number <b>2E</b>		
Distance and direction from nearest town or city: Street address of well location if in city:		3150 South 145th E. Wichita, Kansas		3. Owner of well: Frederick Graff 5017 Hemlock Place Wichita, Kansas				
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: <b>82</b> ft. Date of completion <b>3-26-75</b> Well diameter <b>11</b> in.		
2. Type and color of material				Fram	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 top soil		0	3	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
				Clay		3	15	7 Casing: Material <b>Styrene</b> Weight: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>82</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>5</b> in. to <b>82</b> ft. depth
				Softshale		15	82	8 Screen: Manufacturer <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.005</b> Length <b>50'</b> Set between <b>32</b> ft. and <b>82</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4" = 1/8"</b>
								9 Static water level: <b>31</b> ft. below land surface Date <b>3-26-75</b>
								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: <b>capped</b> <input type="checkbox"/> Pitless adapter <b>12</b> <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 <b>0</b> ft. to <b>11</b> ft.
								14 Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(use a second sheet if needed)				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input 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 <b>Septic tank not installed when well was drilled. No apparent source of possible contamination.</b> Topography: <input type="checkbox"/> Hill <input checked="" 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. <b>Harp Well &amp; Pump Serv. 236</b> Business name _____ License No. _____ Address <b>Wichita, Kansas</b> Signed <b>[Signature]</b> Date <b>3-26-75</b> Authorized representative				

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

Form WWC-5