

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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: 6-1-1Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to:

6-27S-1ESE SE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: location of 2265 N. Amidon on Wichita City
map.initials: EP date: 8/17/2005

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		Section Number		Township Number		Range Number	
County: Sedgwick		SE ¼ SE ¼ SW ¼		06		T 01 S		R 01 E/W	
Distance and direction from nearest town or city street address of well if located within city? 2265 N. Amidon									
2 WATER WELL OWNER:		Total Petrochemical USA, Inc.							
RR#, St. Address, Box # :		15710 J. F. K. Blvd							
City, State, ZIP Code :		Houston TX 77067							
		Board of Agriculture, Division of Water Resources Application Number:							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 30 ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1 20 ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____							
		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 8.5 in. to 30 ft. and _____ in. to _____ ft.							
		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 Lawn and garden (domestic) 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 _____ No X							
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass Threaded Flush									
Blank casing diameter 1 in. to 25 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface Flushmount in., weight 0.32 lbs./ft. Wall thickness or gauge No. Sch. 40									
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:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 25 ft. to 30 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 23 ft. to 30 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout intervals From 23 ft. to 2 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 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)									
13 Insecticide storage									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	1		Asphalt						
1	8		Clay						
8	9.5		Silt						
9.5	12		Clay						
12	15.5		Sandy silt						
15.5	30		Sand						
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/yr) 5-3-05 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 7-8-05									
under the business name of Geotechnical Services, Inc. by (signature) _____									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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