

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

(to rectify lacking or incorrect information)

County: Harvey

Location listed as:

Section-Township-Range: 36-23 S - W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NW NW

Location changed to:

36-23 S - 3 W

NW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, area road map,
and mapping tool on KGS website.

initials: DR date: 11/29/2006

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: Harvey		NW N NW ¼ NW ¼	36	T 23 S	R W W
Distance and direction from nearest town or city street address of well if located within city? 110 feet south of SW 24th Street; 96 feet east of center of Willow Lake Road					
2 WATER WELL OWNER: City of Wichita					
RR#, St. Address, Box # : 6016 South Spring Lake Road			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Halstead, Kansas 67056			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 69 ft. ELEVATION: 1440			
		Depth(s) Groundwater Encountered 1 33.75 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 33.75 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 _____ in. to _____ 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 X					
Blank casing diameter 2 in. to 59 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface 32 in., weight 0.68 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) _____					
7 Torch cut					
SCREEN-PERFORATED INTERVALS: From 59 ft. to 69 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 53 ft. to 69 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals From 3 ft. to 53 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
			see attached log		
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) 10/19/2006 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/yr) 10/24/2006					
under the business name of Layne Christensen by (signature) <i>[Signature]</i>					
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.					

OFFICE USE ONLY

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TEST HOLE REPORT

LAYNE Western, a Div. of
LAYNE Christensen
Wichita, Kansas

Contract Name:	Test Hole No. GMD2 (replacement shallow)
Wichita ASR	Date: October 17, 2006
	Driller: Harvey

Location of Test Hole:	Elevation of Test Hole:
110 feet south of SW 24 th , 106 feet east of	
Willow Lake Road	Static Water Level:
Page 1	Measured Hours After Completion

From	To	Description of Strata
0	5	red brown clayey silty sand, fine
5	10	red sandy silt, very fine, slight clay
10	15	red-orange sandy silty clay, low to medium plastic
15	20	orange silty sand, fine to coarse with gravel, clay lens
20	25	orange silty sand, fine to coarse with gravel
25	30	orange, olive sandy silty clay, medium plastic, gravel lens
30	35	orange sandy silty clay, medium plastic
35	40	orange, olive silty sand, fine to coarse, sandy clay lens
40	45	orange, olive silty sand, fine to coarse, sandy clay lens
45	50	orange silty sand, fine to coarse
50	55	orange silty sand, fine to coarse, with gravel
55	60	orange silty sand, fine to coarse, with gravel
60	65	orange silty sand, fine to medium
65	70	orange silty sand, fine to coarse with gravel, clay lens