

# 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 SE NW SW, 34-25S-1W

changed to SE NW SW, 34-24S-1W

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

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

Comments: In the town of Sedgwick, KS

verification method: written & legal descriptions, city map on internet,  
and Sedgwick 1:24,000 topo. map initials: WPA date: 5/9/2001

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

MW-3 231120

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Harvey</u>	<u>SE 1/4 NW 1/4 SW 1/4</u>	<u>34</u>	T <u>25</u> S	R <u>1</u> EW

Distance and direction from nearest town or city street address of well if located within city?

NE corner of 5th & Commercial

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #:	Application Number:
City, State, ZIP Code:	

Sedgwick Motors  
418 Commercial  
Sedgwick KS 67135

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>30</u> ft. ELEVATION: <u>1375.03</u>
	Depth(s) Groundwater Encountered 1. <u>21</u> ft. 2. <u>2-29-96</u> ft.
	WELL'S STATIC WATER LEVEL <u>2078</u> ft. below land surface measured on mo/day/yr <u>2-29-96</u>
	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 <u>8</u> in. to _____ ft., and _____ in. to _____ ft.	
WELL WATER TO BE USED AS:	
1 Domestic	5 Public water supply
2 Irrigation	6 Oil field water supply
3 Feedlot	7 Lawn and garden only
4 Industrial	8 Air conditioning
	9 Dewatering
	10 <u>Monitoring well</u>
	11 Injection well
	12 Other (Specify below)
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 _____ No <u>X</u>	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<u>PVC</u>	7 Fiberglass		<u>Threaded</u> <u>Flush</u>
3 RMP (SR)			
4 ABS			
Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface <u>Flush</u> in., weight <u>703</u> lbs./ft. Wall thickness or gauge No. <u>Sch 40</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	6 Concrete tile	9 ABS	11 Other (specify)
3 Stainless steel			12 None used (open hole)
4 Galvanized steel			
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	6 Wire wrapped	9 Drilled holes	
4 Key punched	7 Torch cut	10 Other (specify)	
SCREEN-PERFORATED INTERVALS:			
From <u>15</u> ft. to <u>29 30</u> ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:			
From <u>13</u> ft. to <u>29 30</u> ft., From _____ ft. to _____ ft.			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other
Grout Intervals: From <u>13</u> ft. to <u>1</u> 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	<u>11 Fuel storage</u>	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? <u>unknown</u>			How many feet? <u>unknown</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	1.0	<u>Sand backfill</u>	0.0	30.0	<u>Bentonite</u>
1.0	10.0	<u>Clay</u>			
10.0	12.0	<u>Sandy clay, w/ some gravel</u>			
12.0	15.0	<u>Clay, sandy</u>			
15.0	18.0	<u>Clay, sandy</u>			
18.0	30.0	<u>Sand</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>2-29-95</u> and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>3-12-96</u>
under the business name of <u>GSI</u> by (signature) <u>Allison Irwin</u>

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.