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

(to rectify lacking or incorrect information)

Location listed as:	County: Harvey Location changed to:
Section-Township-Range:	34-245-1W
Fraction ( 1/4 1/4 1/4):	SW SE NE
Other changes: Initial statements: Sedgwick	Tounty
Changed to: Harvey Count	· · · · · · · · · · · · · · · · · · ·
/	
Comments:	
verification method: Well address, legal  mapping tool on KGS u	description, and
mapping tool on KGS u	rebsite.
	initials: DRL date: 9/12/2008

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 RE		Form WWC		Division of W	Vater Resources; App. No. L			
1 LOCATION OF WA	TER WELL:	Fraction	1 8		Township Number			
County:	(guich)	SW 1/4 SE, 1/4 N	E 1/4	34	T 24 S	R / EW		
Distance and direction	n from nearest town or c	ity street address of w	ell if G		ing Systems (decimal deg			
located within city?	100 7	1 1		Latitude:				
	407,0	esso a		Longitude:				
2 WATER WELL OV		e Emb		Elevation:				
RR#, St. Address, Bo	$\sim$ // /	terni Cir	ノ、ロ	Datum:				
City, State, ZIP Code		wich Ko		Data Collection	on Method:			
3 LOCATE WELL'S	4 DEPTH OF COM	PLETED WELL	Cn		. ft.			
LOCATION	0		00					
WITH AN "X" IN	Depth(s) Groundwater	r Encountered (1)		ft. (2)	ft. (3)	<u>f</u> t.		
SECTION BOX:								
N	Pump test data: Well water wasft. after hours pumping gpm							
	Est. Yieldgpm: Well water wasft. after							
NW NE	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
W K E	1 Domestic 3 Fee	edlot 6 Oil field	d water sup	ply 9 I		her (Specify below)		
	2 Irrigation 4 Inc	dustrial 7 Domest	ic (lawn &	garden) 10 M	Monitoring well			
SW   SE					V			
3W   3E	Was a chemical/bacte	riological sample subi	mitted to D	epartment? Y	es	If yes, mo/day/yrs		
	Sample was submitted	1	Water	well disinfecte	ed? YesX No	••••		
S								
5 TYPE OF CASING I	USED: 5 Wrought	Iron 8 Cone	crete tile	CAS	ING JOINTS: Glued	Clamped		
	P (SR) 6 Asbestos	-Cement 9 Othe	r (specify b	pelow)	Welded			
2 PVC 4 AB					Threaded			
Blank casing diameter	in to 82	ft Diameter	in	to	ft., Diameter	in toft.		
Casing height above land	surface	in Weight	Ih	s/ft Wall	thickness or guage No.	210		
TYPE OF SCREEN OR	PERFORATION MATI	ERIAL:	<b>6</b>	75.711.	uniciniess of gaage 110.			
	inless Steel 5 Fibe		) 9 A F	as.	11 Other (Specify)			
	Ivanized Steal 6 Con			sbestos-Cemer				
SCREEN OR PERFORA			() 1071	soesios cemei	it 12 None used (open	noie)		
1 Continuous slot			Forch cut	9 Drilled ho	les 11 None (open h	ole)		
2 Louvered shutter	4 Key punched 6 V	Vire wranned 85	Saw cut	10 Other (spe	cify)	(1010)		
2 Louvered shutter SCREEN-PERFORATE	D INTERVALS: From	ft to	S. S. C.	off From	ft to	ft.		
SCREEN LEIG GROTE	From	ft to		ft. From	ft. to	ft.		
GRAVEL PAC	K INTERVALS: From	2U ft to	50	ft From	ft to	ft		
Old I V LL I I I C	From	ft to		ft. From	ft. to ft. to ft. to ft. to	ft.		
6 GROUT MATERIA	L: 1 Neat/cement 2	Cement grout & Bé	entonite	1 Other				
Grout Intervals: From	om ft. to	2.4 ft., From	fi	t. to	ft., From	ft. toft.		
What is the nearest source	e of possible contamina	tion						
1 Septic tank	4 Lateral lines		10 Livesto	ck pens 13	Insecticide storage	16 Other (specify		
2 Sewer lines	5 Cess pool		11 Fuel sto	-	Abandoned water well	below)		
3 Watertight sewer			12 Fertilize		Oil well/gas well			
Direction from well?	Fast		How many	feet?	70'			
FROM TO	LITHOLOGI		FROM	TO	PLUGGING INT	ERVALS		
(C) (2) \	Ton Soi	0						
2 33	11/200	<del></del>		<del> </del>				
	The same	/						
33 37 M	pay won	1 . 1	+	<del>                                     </del>				
37 80 X	our Si	are	-					
		4.444.		<b></b>				
				-				
7 CONTRACTOR'S O	R LANDOWNER'S C	ERTIFICAȚION: T	his water v	vell was (1) co	nstructed (2) reconstruc	ted, or (3) plugged		
under my jurisdiction an	d was completed on (mg	o/day/year) 510	2.8 and t	this record is tr	ue to the best of my know	wledge and belief.		
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) 524-08								
under the business name of harmon harmon by (signature)								
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or profe 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								
three copies to Kansas Departi	ment of Health and Environme	ent, Bureau of Water, Geol	ogy Section,	1000 SW Jackson	St., Suite 420, Topeka, Kansas	s 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/index.html.								
nttp://www.kdneks.gov/waterv	en/index.ntml.							