## 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: 35-245-/W	34-245-1W
Fraction ( 1/4 1/4 1/4): SW SW WW	NE NW SE
Other changes: Initial statements: Seda wick C	Pounty
Changed to: Harvey County	
Comments:	
verification method: Wellsite address, ci Sedgwick website, and map	ty street map on City of ping tool on KGS website.  initials: DRL date: 10/21/2009

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.

WATE	R WELL	RECORD		Form WW	C <b>-5</b>	Division of W	/ater Resources; App. No.			
		F WATER WEI	L;	Fraction	1 7	Section Numbe				
Cour	ıty:	Da gu	reb	Sin/4 Sin/4	NW1/4	<u> </u>	T 24 S	R / E/W		
				y street address of			ing Systems (decimal deg	rees, min. of 4 digits)		
locat	ed within ci	ity? 609	Fel	he	<b>I</b>	Latitude:				
A 11/4	TED WEL	LOWNED								
2 WA	TER WEL	L OWNER:	in C	yeou		Elevation:				
	t, St. Addres , State, ZIP	·	209	tern		Datum:				
			odge	rch, Ka		Data Collection				
	CATE WEI	L'S   4 DEPTI	н оғ сомр	LETED WELL	60		ft.			
	CATION		~ .				2 (2)	•		
	H AN "X"	IN Depth(s)	Groundwater	Encountered (1)	) 71 ° ° ·	$\dots$ ft. $(2)\dots$	ft. (3).			
SEC	TION BOX	Pump test data: Well water was ft. (2) ft. (2) ft. (3) ft. (3) ft. (2) ft. (3) ft. (4) ft. (5) ft. (6) ft. (7) ft. (8) ft. (9) ft. (10) ft								
	N	Test Visit	ump test data:	Well water was.	• • • • • • • • • • • • • • • • • • • •	ft. after	hours pumping	gpm		
	1	WEIT W					hours pumping. Air conditioning 11 Inj			
N	W   NE -	-		t USED AS: 3 Pu	ld water su	uppiy 8 P	Dewatering 12 Ot	her (Specify helow)		
W 🗶		E   1 Domes					Monitoring well			
			on 4 mai	ustriai / Donne	suc (lawii &	garden) 10 N	domitoring wen	•••••		
S\	V   SE -	- Was a che	emical/bacteri	ological sample su	bmitted to F	Denartment? Y	es No;	If yes_mo/day/yrs		
		Sample w	as submitted.		Water	well disinfecte	d? Yes <b>X</b> No			
	S					wen disinicote	. 105	••••		
5 TVD	E OE CASI	ING USED: 3 RMP (SR)	5 Wassaht I	**************************************	mamata tila	CAC	NIC IONITS, Clark	Clampad		
5   1   F     1	E OF CASI Steel	3 RMP (SR)	5 Wrought 1	Coment 0 Oth	ncrete the	CAS.	ING JOINTS: Glued Welded	C Clamped		
6	PVC)	4 ABS	7 Fiberglass	Cement 9 Ou	iei (specity	below)	Weitted Threader			
Rlank c	asing diame	ter S in	to O	ft Diameter		 1 to	Welded Threaded ft., Diameter	in to ft		
Casing 1	height ahov	e land surface	16	in Weight	160 1	hs/ft Wall:	thickness or guage No.	20		
TYPE	F SCREEN	OR PERFORA	TION MATE	RIAL:		03./11. *** 411	unekness of gauge 140.			
		3 Stainless Steel			) 9 A	BS	11 Other (Specify)			
		4 Galvanized Ste	•				t 12 None used (oper			
SCREE	N OR PERI	FORATION OPE	NINGS ARE	:	•		` *	,		
1	Continuous	slot & Mill slo	∮ 5 Ga	auzed wrapped 7	Torch cut	9 Drilled ho	les 11 None (open h	iole)		
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut, 10 Other (specify)										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 4.0 ft. to 6.0 ft., From ft. to ft.  From ft. to ft., From ft. to ft.  GRAVEL PACK INTERVALS: From ft. to ft.  From ft. to ft., From ft. to ft.										
			From	ft. to	)	The first of the f	ft. to	ft.		
	GRAVEL	PACK INTERVA	ALS: From		) <i>L.P.</i>	∠ ft., From  2  2  3  3  3  3  3  3  3  3  3  3  3	ft. to	ft.		
			From	tt. to	)	ft., From	tt. to	ft.		
6 CRO	UT MATE	PIAI · 1 Neat	cement 2 (	Cement grout 8	Bentonite,	4 Other				
Grout Ir			F ft to	2 4 ft From	onto integral		ft., From			
		source of possibl	e contaminati	on:			, 1 10111	201 10 1111111111111111111111111111		
	Septic tank	_	ateral lines		10 Livesto	ck pens 13	Insecticide storage	16 Other (specify		
	Sewer lines			8 Sewage lagoon	11 Fuel sto	•	Abandoned water well	below)		
Ø	Watertight	sewer lines 6 S	leepage pit	9 Feedyard	12 Fertiliz	er storage 15	Oil well/gas well	·····		
Direction	n from wel	?		Cast	How many	/ feet?	65			
FROM	TO	L)	<b>THOLOGIC</b>	LgG	FROM	TO	PLUGGING INT	ERVALS		
0	2		possi	<i>Y</i>						
31	3/		ach	<u> </u>						
31	37	Lin	e ca	nd						
ヹ゙゙ヺ	600	031	ue S	Rall						
		0,45								
		,								
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/year)										
Kansas Water Well Contractor's License No										
under the business name of Aase William y 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 circle 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 Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 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.										