CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

	County: Harvey
Location listed as:	Location changed to:
Section-Township-Range:	21-245-1W
Fraction (1/4 1/4 1/4):	C SE
Other changes: Initial statements: Sedgwick Co	runty
Changed to: Harvey County	
Comments:	146.
verification method: Written & legal descrip	tions, position on plat
map, and water right record (wi)	MAS) for same owner at same
verification method: Written & legal descriping map, and water right record (WI) location, and mapping tool on Kas w	ebsite, initials: DRL date: 6/17/2009
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Con	stant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	son, Suite 420, Topeka, KS 66612-1367.

WATER WELL RECORD	Form WWC-	5 [Division of Wate	r Resources; App. No. ∟	7 127
1 LOCATION OF WATER WELL:	Fraction	Sect	tion Number	Township Number	
County: Section from nearest town or	1/4 NC 1/4 S	<u></u>	2	T 29 s	R EW
Distance and direction from nearest town or	city street address of we	Il if Glob		Systems (decimal degr	rees, min. of 4 digits)
located within city? RRI IN Sec	dawick, KS	Lati	itude:		
	4	LOI	ngitude:		
RR#, St. Address, Box # : P P 1	un reams	Ele	vation:		
	. 1. 1/0 1	1)at	hi m '		
City, State, 211 code . Sector	MILETED WELL	1135 Dat	ta Collection	Method:	
	MPLETED WELL	1	ft.		
LOCATION	F (1)	17	(0)	0 (2)	0
WITH AN "X" IN Depth(s) Groundwar	er Encountered (1)VATER LEVEL	7 0 1 1	t. (2)	ft. (3)	71131no
SECTION BOX: WELL'S STATIC V	ata: Well water was		ow land surface	hours numning	yr
	bm: Well water was				
WELL WATER TO	BE USED AS: 5 Publi				
w NW NE E Domestic 3 F				vatering 12 Oth	
	ndustrial 7 Domestic	c (lawn & gar	rden) 10 Mor	nitoring well	
			-	_	
Was a chemical/bact	teriological sample subm	itted to Depa	artment? Yes	No X ;	If yes, mo/day/yrs
Sample was submitt	ed	. Water we	ell disinfected?	Yes No	
S					
5 TYPE OF CASING USED: 5 Wrough	nt Iron 8 Conc	rete tile	CASIN	G JOINTS: Glued	Clamped
1 Steel 3 RMP (SR) 6 Asbesto	os-Cement 9 Other	(specify belo	ow)		
Blank casing diameter	ss			Threaded	
Blank casing diameter I in. to	ft., Diameter	in. to	ft.,	Diameter	in. toft.
Casing height above land surface	in., Weight	l. lbs./f	ft. Wall thic	ckness or guage No	SCHUD
TYPE OF SCREEN OR PERFORATION MA	ΓERIAL:				
1 Steel 3 Stainless Steel 5 Fit	perglass (PVC	9 ABS		11 Other (Specify).	11-)
	ncrete tile 8 RM (SR)) 10 Asbe	estos-Cement	12 None used (open	noie)
SCREEN OR PERFORATION OPENINGS AT 1 Continuous slot 3 Mill slot 5	KE: Gauzed wrapped 7 Telegraphics Gauzed wrapped 8 Telegraphics Gauzed wrapped 8 Telegraphics Gauzed wrapped 9 Telegraphi	orch out 0	Drilled holes	11 None (open h	ole)
2 Louvered shutter 4 Key nunched 6	Wire wranned	aw cut 10	Other (specify	z)	01 C) .
2 Louvered shutter 4 Key punched 6 SCREEN-PERFORATED INTERVALS: From	n	120	ft From	ft. to	ft.
From	n ft. to		ft., From	ft. to	ft.
From GRAVEL PACK INTERVALS: From	n	120	ft., From	ft. to	ft.
From	n ft. to		ft., From	ft. to	ft.
CODOUT MATERIAL 1N	20 10	-4:4- 4.0	u1		
6 GROUT MATERIAL: 1 Neat cement Grout Intervals: From	2 cement grout Sper	itonite 4 O	iner	t From	ft to ft
What is the nearest source of possible contamir			J 1	., гюш	11. 1011.
1 Septic tank 4 Lateral line		0 Livestock p	nens 13 Ins	secticide storage	16 Other (specify
2 Sewer lines 5 Cess pool		1 Fuel storage		bandoned water well	below)
3 Watertight sewer lines 6 Seepage pit		2 Fertilizer st	,	l well/gas well .	
Direction from well?			et? "		
FROM TO LITHOLOG	C LOG	FROM	TO	PLUGGING INT	ERVALS
0 24 Clay					
24 US Sand					
45 47 Craise Sav	\cl				
	<u> </u>				
52 60 Med Scurc	1				
Let les Clay					
Ul 88 med Sand					
98 90 Clay					
90 118 much son	.a				
119 120 Shale				1 (2)	1 (2) 1 1
7 CONTRACTOR'S OR LANDOWNER'S	CERTIFICATION: TH	ns water well	l was (1) const	ructed, (2) reconstructe	ed, or (3) plugged
under my jurisdiction and was completed on (mo/day/year) 20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 2 This Water Well Record was completed on (mo/day/year) 2 2					
under the business name of	I had a = 1 A I A	Neii Kecora	ionature)	on (mo/day/year)	
INSTRUCTIONS: Use typewriter or ball point pen. PL	EASE PRESS FIRMLY and P	RINT clearly. P	Please fill in blank	s, underline or circle the co	orrect answers. Send top
three copies to Kansas Department of Health and Environ	ment, Bureau of Water, Geolo	gy Section, 1000	0 SW Jackson St.,	Suite 420, Topeka, Kansas	66612-1367. Telephone
785-296-5522. Send one to WATER WELL OV http://www.kdheks.gov/waterwell/index.html.	WNER and retain one for	r your records	s. Fee of \$5.	00 for each constructed	well. Visit us at
T DITT // WWW KODEKS OOV/WAIETWEII/IDGEX DITM					