

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: _____

16-24S-2W

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

NE NE NE SE

Other changes: Initial statements: Sedgwick County

Changed to: Harvey County

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
and mapping tool on KGS website.

initials: DRF date: 3/21/2012

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: SEDGWICK	NE 1/4 NE 1/4 SE 1/4	16	24 S	2 EW

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

N 57° 57.754
W 97° 32.275

2	WATER WELL OWNER: City of Wichita	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: 6016 S. Spring Lake Rd	Application Number:
	City, State, ZIP Code: Halstead, KS 67056	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 126 ft.												
	N NW ——— NE W ——— X E SW ——— SE S		WELL'S STATIC WATER LEVEL 25 ft.												
			WELL WAS USED AS:												
			<table><tr><td>1 Domestic</td><td>☒ 5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Domestic (Lawn & Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr></table>	1 Domestic	☒ 5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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4 Industrial	8 Air Conditioning	12 Other													
			Was a chemical / bacteriological sample submitted to Department? Yes No ☒												
			If yes, mo/day/yr sample was submitted												
			Water Well Disinfected: Yes ☒ No												

5	TYPE OF BLANK CASING USED:										
	<table><tr><td>☒ 1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (Specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table>	☒ 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter 18 in.	Was casing pulled? Yes ☒ No	If yes, how much 4'								
	Casing height above or below land surface in.										

6	GROUT PLUG MATERIAL:	1 Neat cement	☒ 2 Cement grout	3 Bentonite	4 Other														
	Grout Plug Intervals:	From 24.5 ft.	to 4 ft.	From ft.	to ft.														
	What is the nearest source of possible contamination:																		
	<table><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td></tr></table>	1 Septic tank	6 Seepage pit	11 Fuel storage	2 Sewer lines	7 Pit privy	12 Fertilizer storage	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	4 Lateral lines	9 Feedyard	14 Abandoned water well	5 Cess pool	10 Livestock pens	15 Oil well/Gas well	☒ 16 Other (specify below) None Known		
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	Direction from well? How many feet?																		

FROM	TO	PLUGGING MATERIALS
126	24.5	Chlorinated Sand
24.5	4	Cement Grout
4	0	Native Soil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/8/11/102 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/year)
	under the business name of LAYNE CHRISTENSEN COMPANY
	by (signature) [Signature] CHAD ISHAM PROJECT MANAGER

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

