

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: \_\_\_\_\_

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

County: Harvey

Location ~~changed to~~:

27-24S-2W

NE NE NE NE

Other changes: Initial statements: Sedgwick County

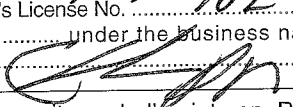
Changed to: Harvey County

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: <b>SEDGWICK</b>	<b>NE 1/4 NE 1/4 NE 1/4</b>	<b>27</b>		<b>24 S</b>		<b>2</b>	<b>EW</b>																								
Distance and direction from nearest town or city street address of well if located within city?					<b>37 56' 26.60" N</b> <b>47 31' 09.76" W</b>																											
2	WATER WELL OWNER: <b>City of Wichita</b> <b>6016 S. Spring Lake Rd</b> RR #, St. Address, Box #: <b>Halstead, KS 67056</b> City, State, ZIP Code: <b>Halstead, KS 67056</b>																															
3		MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																														
<div style="text-align:center">N <table border="1" style="margin:auto"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td></td><td>NE</td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td></td><td></td><td></td></tr><tr><td colspan="3" style="text-align:center">S</td></tr></table></div>					NW		NE	W		E	SW		SE				S			4												
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		DEPTH OF WELL ..... <b>160'</b> ..... ft. WELL'S STATIC WATER LEVEL ..... <b>27'</b> ..... ft. WELL WAS USED AS: <table style="width:100%"><tr><td>1 Domestic</td><td><input checked="" type="radio"/> 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 &amp; Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other .....</td></tr></table> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes <input checked="" type="checkbox"/> ..... No .....						1 Domestic	<input checked="" type="radio"/> 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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5	TYPE OF BLANK CASING USED: <table style="width:100%"><tr><td><input checked="" type="radio"/> 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> Blank casing diameter ..... <b>18</b> ..... in. Was casing pulled? Yes <input checked="" type="checkbox"/> ..... No ..... If yes, how much ..... <b>4'</b> ..... Casing height above or below land surface ..... in.								<input checked="" type="radio"/> 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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6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout 3 Bentonite 4 Other ..... Grout Plug Intervals: From <b>27</b> ..... ft. to <b>4</b> ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft. What is the nearest source of possible contamination: <table style="width:100%"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td><input checked="" type="radio"/> 16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td><b>None known</b></td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? ..... How many feet? .....								1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="radio"/> 16 Other (specify below)	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	<b>None known</b>	5 Cess pool	10 Livestock pens	15 Oil well/Gas well					
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>9/10/11</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>102</b> ..... This Water Well Record was completed on (mo/day/year) ..... under the business name of <b>LAYNE CHRISTENSEN COMPANY</b> ..... by (signature)  <b>CHAD NEMAN</b> 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.																																

