

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: _____

23-245-3W

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: ARL 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.

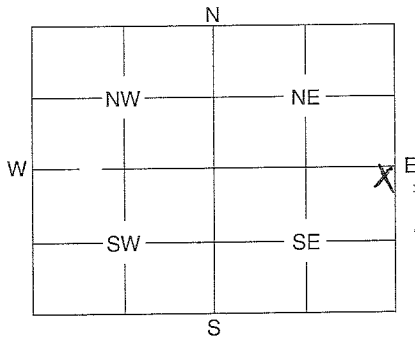
1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: SEDGWICK	NE 1/4 NE 1/4 SE 1/4	23		24S		3	EW

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

N. 37.94833
W 97.61050

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 **151.5** ft.WELL'S STATIC WATER LEVEL **11.5** ft.

WELL WAS USED AS:

- | | | |
|--------------|--|--------------------|
| 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 |

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:

- | | | | | |
|--|------------|-------------------|-----------------|-------------------------|
| ☒ 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) |
| 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 **48** in.6 GROUT PLUG MATERIAL: 1 Neat cement ☒ 2 Cement grout 3 Bentonite 4 Other
Grout Plug Intervals: From **24** ft. to **4** ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|---|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | ☒ 16 Other (specify below) |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | None known |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
151.5	24	Chlorinated Sand
24	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) **9/1/02** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **91102** This Water Well Record was completed on (mo/day/year) under the business name of **LAYNE CHRISTENSEN COMPANY** by (signature) **LAYNE CHAD ISEMAN, 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.

