

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as NW NE NE, 17-25S-2W

changed to NW NE NE, 18-25S-2W

Other changes: Initial statements: Harvey County

Changed to: Sedgwick County

Comments: _____

verification method: Written & legal descriptions, position on plat map,
and Bentley 1:24,000 topo map. initials: DRL date: 5/9/2001

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: HARVEY		NW 1/4 NE 1/4 NE 1/4	17	T 25 S	R 2 EW
Distance and direction from nearest town or city street address of well if located within city? 3.25 miles WEST OF BENTLEY KS					
2 WATER WELL OWNER: U.S. GEOLOGICAL SURVEY					
RR#, St. Address, Box #: 4821 QUAIL CREST PLACE				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: LAWRENCE KS 66049				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 110 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter in. to ft., and in. to ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		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 iron 8 Concrete tile CASING JOINTS: Glued Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded Blank casing diameter 2 in. to 100 ft., Dia. in. to ft., Dia. in. to ft. Casing height above land surface 3' below L.S. weight lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From 110 ft. to 100 ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other W/ AQUA-GROUT CAT.					
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage					
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			110	33'	Benseal AQUA-grout CATALYST
					Pumped IN w/ a Tremie
					Pipe to 3' below
					L.S. and a sack of
					DRY Hole plug grout
					pored on top.
					CASING CUT OFF 3'
					Below L.S.
					Well # WA-Deep.
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) 10/16/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) 10/18/90 under the business name of U.S.G.S. by (signature) Dick Argyandis					
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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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