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 NE , 14 - 27S - 1

changed to SE NW NE, 14-27S-1W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, legal description, Wichita city map, and Wichita West 1:24,000 topo. map. initials: DRL date: 8/3/2000

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

WATER WELL RECORD Form WWC-5 KSA 82a-1212

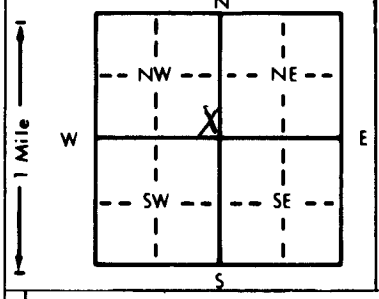
1 LOCATION OF WATER WELL: County: Sedgwick | Fraction: NE ¼ ¼ ¼ | Section Number: 14 | Township Number: T 27 S | Range Number: R 1 E/W

Distance and direction from nearest town or city street address of well if located within city? 4401 W 12th St Wichita, Ks.

2 WATER WELL OWNER: Christopher Kabler
RR#, St. Address, Box # : 4219 N. Ironwood Ct
City, State, ZIP Code : Wichita, KS. 67208

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 15' ft. ELEVATION:
Depth(s) Groundwater Encountered 1. 10' ft. 2. ft. 3. 6-28-00 ft.
WELL'S STATIC WATER LEVEL 12' 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 3" in. to 15' ft., and in. to ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) (12) Wasn't in use
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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued Clamped Welded Threaded
Blank casing diameter 1½ in. to 15' ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL: (1) Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.
From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: (1) Neat cement 2 Cement grout 3 Bentonite (4) Other dirt Backfill
Grout Intervals: From 3 ft. to 15 ft., From ft. to ft., From ft. to ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
3	15	Sandy loam soil			Pulled pipe and sand point fill hole in concrete floor as per Don at health dept.

RECEIVED
JUL 10 2000
BUREAU OF WATER

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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. none This Water Well Record was completed on (mo/day/yr)
under the business name of none by (signature) Christopher Kabler

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼