County: Sedgwick Fraction E2 E2 NW SE Sec. 17 T 27 S R 1 E (W)

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)
(to rectify lacking or incorrect information)

Owner: Stafford

Location was listed as:	**Location changed to:**
Section-Township-Range: None Given	17-27S-1W
Fraction (¼ ¼ ¼):	E2 E2 NW SE

Other changes: Initial statements: 9211 W. Birch

Changed to: 9211 W. Birch Lane

Comments:

Verification method: wellsite address, city street map, and mapping tools & aerial photos on KGS website.

initials: DRA date: 6/26/2015

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources. App. No. ____

1 LOCATION OF WATER WELL: Fraction ¼ ¼ ¼ Section Number ____ Township Number T ____ S Range Number R ____ E/W

County: SEDGWICK

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

7211 W BIRCH/WICHITA, KANS

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: ____

Longitude: ____

Elevation: ____

Datum: ____

Data Collection Method: ____

2 WATER WELL OWNER:

RR#, St. Address, Box #

City, State, ZIP Code

STAFFORD

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

N / W / E / S; NW, NE, SW, SE

4 DEPTH OF COMPLETED WELL ____ ft

Depth(s) Groundwater Encountered (1) 17 ft (2) 23 ft. (3) AT BASEMENT ft.

WELL'S STATIC WATER LEVEL 17 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

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 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ____ No X; If yes, mo/day/yrs Sample was submitted ____ Water well disinfected? Yes ____ No ____

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded ____

2 PVC 4 ABS 7 Fiberglass Threaded X

Blank casing diameter 4 in. to ____ ft., Diameter ____ in. to ____ ft., Diameter ____ in. to ____ ft.

Casing height above land surface ____ in., Weight ____ lbs./ft. Wall thickness or guage No. ____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)

2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) ____

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 ____

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 13 Insecticide storage 16 Other (specify below)

2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well

Direction from well? ____ How many feet? ____

FROM	TO	LITHOLOGIC LOG
23	61	BENTONITE
61	81	CONCRETE MIX (NEET)

FROM	TO	PLUGGING INTERVALS

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) 5/20/15 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/year) 5/20/15 under the business name of ____ by (signature) [signature]

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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html