

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 SW, 29-27S-1W

changed to NW SE SW, 29-27S-1W

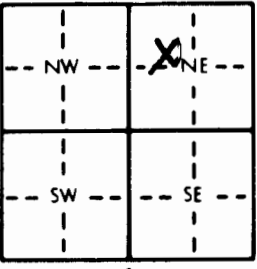
Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well owner's address, legal description, city map,
and Wichita West 1:24,000 topo. map. initials: DRL date: 10/24/2001

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: County: <u>Sedgewick</u>		Fraction <u>SW</u> 1/4 1/4 1/4	Section Number <u>29</u>	Township Number T <u>27</u> S	Range Number R <u>1W</u> EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: <u>Rick Haigler</u> RR#, St. Address, Box #: <u>9926 DuBON</u> City, State, ZIP Code: <u>WICHITA, KANSAS 67209</u> 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: <u>12</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>12</u> ft. 2. <u>12</u> ft. 3. <u>12</u> ft.			
		WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>10-12-91</u>			
		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:			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		5 Public water supply 8 Air conditioning 11 Injection well			
2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 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 _____			
<u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below)		Welded _____			
Blank casing diameter <u>5</u> in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Threaded _____			
Casing height above land surface <u>3 FT Below</u> , weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		7 PVC 10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)		6 Wire wrapped 9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1 Neat cement</u> 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 14 Abandoned water well		11 Fuel storage 15 Oil well/Gas well			
<u>2 Sewer lines</u> 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____		13 Insecticide storage			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard					
Direction from well? <u>WEST</u>		How many feet? <u>75 FT</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>12</u>	<u>10</u>	<u>SAND & GRAVEL</u>			
<u>10</u>	<u>6</u>	<u>PACK CLAY</u>			
<u>6</u>	<u>3</u>	<u>NEAT CEMENT</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>10-12-91</u> 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) <u>10-12-91</u> under the business name of _____ by (signature) <u>Rick A. Haigler</u>					
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					