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

County: Sedgwick

Location listed as:	**Location changed to:**
Section-Township-Range: 35-4W-27S	36 - 27S - 4W
Fraction (¼ ¼ ¼): NE SE NE	NE NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: mapquest to find address
Garden Plain 7.5 Quad to locate

initials: DL date: 6/10/03

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.

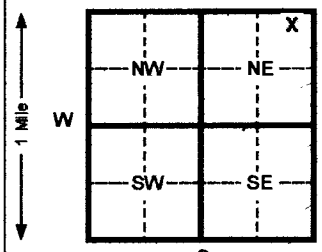
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **SEDGWICK** | Fraction: **NE** ¼ **SE** ¼ **NE** ¼ | Section Number: **25** | Township Number: T **4W** S | Range Number: R **27S** E/W

Distance and direction from nearest town or city street address of well if located within city?
160 S EILEEN ST; GARDEN PLAIN, KS

2 WATER WELL OWNER: **LARRY UNDERHILL REALITY**
RR#, St. Address, Box # : **160 S EILEEN ST**
City, State, ZIP Code : **GARDEN PLAIN, KS**
Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL **72** ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1 **30** ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **30** ft. below land surface measured on mo/day/yr **4/15/03**
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 **10** in. to **72** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 (Domestic) 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well _____
Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 (PVC) 4 ABS 7 Fiberglass _____ Threaded _____
Blank casing diameter **5** in. to **72** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **16** in., weight **160** lbs./ft. Wall thickness or gauge No. **26**

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 (PVC) 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

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 **50** ft. to **72** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **24** ft. to **72** 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 **4** ft. to **24** 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? **WEST** How many feet? **30**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		TOPSOIL			
2	17		CLAY			
17	38		MED SAND			
38	72		SHALE			

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/yr) **4/15/03** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **611** This Water Well Record was completed on (mo/day/yr) **4/15/03**
under the business name of **CHASE DRILLING** by (signature) **RICK CHASE**

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R SEC