

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 14-285-3W

changed to SE NE NE, 14-285-3W

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Well address, legal description, Sedgwick County map, position on plat map, and Clearwater 1:24,000 topographic map. initials: WRB date: 10/24/2001

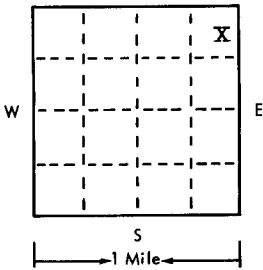
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

|   |                           |                               |   |                             |   |  |
|---|---------------------------|-------------------------------|---|-----------------------------|---|--|
| 1 Location of well:   | County<br><b>Sedgwick</b> | Township name<br><b>Afton</b> | Fraction  | Section number<br><b>14</b> | Town number<br><b>28S</b>   | Range number<br><b>3W</b>  |
| Distance and direction from nearest town or city: <b>4133 South 231 W.</b>  |                           |                               | 3 Owner of well: <b>Vern Becker</b>   |                             |   |  |
| Street address of well location if in city: <b>Wichita, Kansas</b>  |                           |                               | Address: <b>R. R. # 1<br/>Clearwater, Kansas 67026</b>  |                             |   |  |
| Locate with "X" in section below:<br>N<br><br>W E<br>S<br>1 Mile               |                           |                               | Sketch map:   |                             |   | 4 Well depth: <u>105</u> ft. Date of completion <u>3-25-75</u><br>Well diameter <u>11</u> in.  |
|   |                           |                               | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |                             |   | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>                     |
|   |                           |                               | 7 Casing: Material <u>Styrene</u> Weight: <u>12</u> lbs./ft. <u>12</u> in. <u>12</u> in. <u>105</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface<br>Diam. <u>2</u> in. to <u>105</u> ft. depth                 |                             |   | 8 Screen: <u>Sunflower Plastic</u><br>Manufacturer <u>Styrene</u> Dia. <u>5"</u><br>Type <u>Styrene</u> Slot/gauze <u>.005</u> Length <u>70'</u><br>Set between <u>35</u> ft. and <u>105</u> ft.<br>Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4-1/8"</u> |
| 2 Type and color of material  |                           |                               | From  | To                          | 9 Static water level: <u>30</u> ft. below land surface Date <u>3-25-75</u>  |  |
| Dirt and Sandy Soil   |                           |                               | 0   | 5                           | 10 Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.  |  |
| Clay  |                           |                               | 5   | 10                          | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date _____   |  |
| Sand  |                           |                               | 10  | 25                          | 12 Well head completion: <u>capped</u><br><input type="checkbox"/> Pitless adapter <u>12</u> <input checked="" type="checkbox"/> Inches above grade   |  |
| Blue shale  |                           |                               | 25  | 105                         | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/><br>Depth: From <u>0</u> ft. to <u>12</u> ft.  |  |
|   |                           |                               |   |                             | 14 Nearest source of possible contamination: <u>NONE</u><br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   |                           |                               |   |                             | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |
| 16 Remarks: elevation   |                           |                               | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump Serv. 236</b><br>Business name <u>Wichita, Kansas</u> License No. <u>67209</u><br>Address _____<br>Signed <u>Mary Annell</u> Date <u>3-25-75</u><br>Authorized representative |                             |   |  |
| No apparent source for possible contamination.  |                           |                               |   |                             |   |  |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                           |                               |   |                             |   |  |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5