

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 SW NE, 8-27S-4

changed to NW SE NE, 8-28S-4W

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

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

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

verification method: Well address on form, Cheney city map, and

Cheney 1:24,000 topo. map.

initials: DRL date: 9/19/2001

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

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| 1 LOCATION OF WATER WELL:<br>County: Sedgwick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Fraction<br>SW 1/4 SW 1/4 NE 1/4 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section Number<br>8 |  | Township Number<br>T 27 S |  | Range Number<br>R 4 E/W |  |
| Distance and direction from nearest town or city street address of well if located within city?<br>512 Harrison St, Cheney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |  |                           |  |                         |  |
| 2 WATER WELL OWNER: Chad Harrison<br>RR#, St. Address, Box # : 512 Harrison Street<br>City, State, ZIP Code : Cheney KS 67025<br>Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |  |                           |  |                         |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                  | 4 DEPTH OF COMPLETED WELL: 75 ft. ELEVATION:<br>Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.<br>WELL'S STATIC WATER LEVEL 30 ft. below land surface measured on mo/day/yr 7-20-01<br>Pump test data: Well water was ft. after hours pumping gpm<br>Est. Yield 20 gpm: Well water was ft. after hours pumping gpm<br>Bore Hole Diameter 10 in. to ft. and in. to ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes X No |                     |  |                           |  |                         |  |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped<br>2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded<br>Blank casing diameter 5 in. to 55 ft. Dia in. to ft. Dia in. to ft.<br>Casing height above land surface 12 in. weight lbs./ft. Wall thickness or gauge No. 160<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)<br>12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify)<br>SCREEN-PERFORATED INTERVALS: From 55 ft. to 75 ft. From ft. to ft.<br>GRAVEL PACK INTERVALS: From 75 ft. to 20 ft. From ft. to ft.<br>6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other 3/8 chips<br>Grout intervals: From ft. to ft. From ft. to ft. From ft. to ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>Direction from well? West How many feet? 30 |  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |  |                           |  |                         |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS<br>0 6 Clay<br>6 75 Red shale, green shale layer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |  |                           |  |                         |  |
| 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) 7-20-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 623 This Water Well Record was completed on (mo/day/yr) 8-24-01 under the business name of Glen Chase Drilling by (signature) Glen Chase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |  |                           |  |                         |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |  |                           |  |                         |  |