

County: Sedgwick Fraction: SE SE SE Sec. 27 T. 29 S R. 2 W

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

Owner: Demuth Custom Home Design

If location corrected, was listed as:

Section-Township-Range: 26-29S-2W

Fraction (1/4 calls): NW NE NW

Location changed to:

27-29S-2W

SE SE SE

Other changes: Initial statements: _____

Changed to: Added coordinates from aerial photo image while speaking to well owner on phone.

Comments: Address of well did not match STR/PLSS location reported.

Verification method: Well owner, address of well, KGS WWC5 Mapper, KDHE STR Finder

Submitted by: _____ Initials: DLS Date: 8/11/2022

☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724

☐ Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		NW ¼ NE ¼ NW ¼	26	T 29S S	R 2W E/W
Distance and direction from nearest town or city street address of well if located within city? 11101 S. 151ST ST. WEST; CLEARWATER					
2 WATER WELL OWNER: DEMUTH CUSTOM HOME DESIGN					
RR#, St. Address, Box # : 11101 S. 151ST ST. WEST				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : CLEARWATER, KS				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 70 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 21 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 21 ft. below land surface measured on mo/day/yr 7/30/04			
		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 70 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:					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____					
7 Fiberglass Threaded _____					
Blank casing diameter 5 in. to 70 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:					
1 Steel 3 Stainless steel 5 Fiberglass 8 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____					
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)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 40 ft. to 70 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 24 ft. to 70 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.					
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? 33					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		TOPSOIL		
2	23		TAN CLAY		
23	53		MED SAND		
53	70		BLUE SHALE/LIMESTONE		
RECEIVED AUG 30 2004 BUREAU OF WATER					
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) 7/30/04 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) 8/20/04 under the business name of CHASE DRILLING by (signature) <i>R. Chase</i>					
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.					

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