

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: None Given

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to:

30-27S-1E

NE SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city street map, and
mapping tool on KGS website.

initials: DRF date: 8/3/2007

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.

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Seaburck</u>		$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						E/W

Distance and direction from nearest town or city street address of well if located within city?

706 S Fern Wichita KS 67213

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>706 S Fern</u>		Application Number:
City, State, ZIP Code: <u>Wichita KS 67213</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>25</u> ft.										
		WELL'S STATIC WATER LEVEL <u>13</u> ft.											
		WELL WAS USED AS:											
		<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 <u>Irrigation</u></td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 <u>Irrigation</u>	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial
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4 Industrial	8 Air Conditioning	12 Other											
Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>													
If yes, mo/day/yr sample was submitted													
Water Well Disinfected: Yes <u>X</u> No _____													

5	TYPE OF BLANK CASING USED:													
<table border="0"> <tr> <td>1 <u>Steel</u></td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>					1 <u>Steel</u>	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter <u>1 1/2</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much														
Casing height above or below land surface in.														

6	GROUT PLUG MATERIAL:	1 Neat cement	2 <u>Cement grout</u>	3 Bentonite	4 Other																				
Grout Plug Intervals: From <u>3</u> ft. to <u>12</u> ft., From ft. to ft., From to ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? <u>NE</u> How many feet?																									

FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>June 30-07</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/year) under the business name of by (signature) <u>Ernie Spruce</u>
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.