

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

SE NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

initials: DRB date: 5/20/2008

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>Sedgwick</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?

2031 Irving Wichita, KS

2	WATER WELL OWNER: <u>Sheila Smith</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #:	<u>2031 Irving</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>unknown</u> ft.
		WELL'S STATIC WATER LEVEL <u>unknown</u> WELL WAS USED AS: 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 8 Air Conditioning 12 Other	
		Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted	
		Water Well Disinfected: Yes No <input checked="" type="checkbox"/>	

Casing crushed (rusty) 5' below surface13' E of WPL, 35' N of SPL

5	TYPE OF BLANK CASING USED:
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
Blank casing diameter <u>1 1/2</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much	
Casing height above or below land surface <u>36</u> in.	

6	GROUT PLUG MATERIAL: <u>1 Neat cement</u>	2 Cement grout	3 Bentonite	4 Other
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below) <u>NONE</u>	
2 Sewer lines	7 Pit privy	12 Fertilizer storage		
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		
4 Lateral lines	9 Feedyard	14 Abandoned water well		
5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet?				

FROM	TO	PLUGGING MATERIALS
<u>5'</u>	<u>3'</u>	<u>Neat cement</u>
<u>3'</u>	<u>0'</u>	<u>earth (compacted soil)</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4/29/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NA</u> This Water Well Record was completed on (mo/day/year) <u>4/29/08</u> under the business name of <u>A Good Plumber, Inc.</u>
	by (signature) <u>Harold Ogata</u>

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.