

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

Location listed as:

Section-Township-Range: None Given

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

County: Sedgwick

Location changed to:

35-27S-1E

N2 NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

initials: DR date: 6/6/2008

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.

WATER WELL PLUGGING RECORD Form WWC-5P

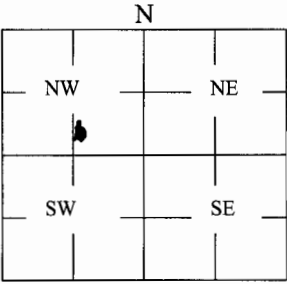
KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number	Township Number	Range Number E/W
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Distance and direction from nearest town or city street address of well if located within city?

4241 E. Clark

2 WATER WELL OWNER: <u>Paul S. Gonzalez</u> RR#, St. Address, Box #: <u>4241 E. Clark</u> City, State ZIP Code: <u>Wichita, KS 67218</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>20 ft</u> ft. WELL'S STATIC WATER LEVEL <u>8</u> ft. WELL WAS USED AS: <input checked="" type="radio"/> Domestic <input type="radio"/> Irrigation <input type="radio"/> Feedlot <input type="radio"/> Industrial <input type="radio"/> Public Water Supply <input type="radio"/> Oil Field Water Supply <input type="radio"/> Domestic (Lawn & Garden) <input type="radio"/> Air Conditioning <input type="radio"/> Dewatering <input type="radio"/> Monitoring <input type="radio"/> Injection Well <input type="radio"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile <u>galvanized</u>	Blank casing diameter <u>6</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>37</u> in.
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6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> 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) _____ <input checked="" type="radio"/> 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 Direction from well? <u>West</u> 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? <u>18</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>20'</u>	<u>8'</u>	<u>Sand/Gravel/Fill Dirt</u>			
<u>8'</u>	<u>3'</u>	<u>Concrete - Cement Grout</u>			
<u>3'</u>	<u>0'</u>	<u>Topsoil</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-16-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Homeowner. This Water Well Record was completed on (mo/day/year) 5-16-08 under the business name of _____ by (signature) Paul S. Gonzalez.

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.