

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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Location changed to:

Section-Township-Range: 27

34-27S-1E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

NW SE NE

Other changes: Initial statements: well owner's name illegible.

Changed to: Scott Shelton

Comments: _____

verification method: Well site address, Sedgwick County appraiser's
online parcel search, and mapping tool on KGS website.

initials: DR date: 9/21/2009

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>SG</u> | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Number | Township Number <u>27</u> | Range Number <u>EW</u> |
|--|---|----------------|------------------------------|---------------------------|

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

Same as Below

| | |
|--|--|
| 2 WATER WELL OWNER: RR#, St. Address, Box #: <u>1826 So Erie</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: _____ |
|--|--|

| | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|-------------------|----|----|---|------------|-----------------------|--------------|--------------|--------------------------|---------------|-----------|-----------------------------------|-------------------|--------------|--------------------|----------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <p>N</p> <table border="1"> <tr> <td>NW</td> <td>NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> <p>W E</p> <p>S</p> </div> | NW | NE | SW | SE | 4 DEPTH OF WELL <u>19</u> ft. WELL'S STATIC WATER LEVEL <u>19</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 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td><u>7</u> 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> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring | 3 Feedlot | <u>7</u> Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| NW | NE | | | | | | | | | | | | | | | | |
| SW | SE | | | | | | | | | | | | | | | | |
| 1 Domestic | 5 Public Water Supply | 9 Dewatering | | | | | | | | | | | | | | | |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring | | | | | | | | | | | | | | | |
| 3 Feedlot | <u>7</u> Domestic (Lawn & Garden) | 11 Injection Well | | | | | | | | | | | | | | | |
| 4 Industrial | 8 Air Conditioning | 12 Other _____ | | | | | | | | | | | | | | | |

5 TYPE OF BLANK CASING USED:

| | | | | |
|----------------|------------|-------------------|-----------------|-------------------------|
| <u>1</u> Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 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) |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | <u>14</u> Abandoned water well | Direction from well? _____ |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? _____ |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|----------|-----------|--------------------|------|----|--------------------|
| <u>0</u> | <u>1</u> | <u>sand</u> | | | |
| <u>1</u> | <u>19</u> | <u>cement</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/18/09 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 Scott Shivers by (signature) _____

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>.