

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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: 27Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): None Given

Location changed to:

34-27S-1ENW SE NEOther 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 &amp; 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.**

|   |   |                |                              |                                    |
|---|---|----------------|------------------------------|------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>SG</u> | Fraction<br>$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Number | Township Number<br><u>27</u> | Range Number<br><u>1</u> <b>BW</b> |
|---|---|----------------|------------------------------|------------------------------------|

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

Same as below

|   |   |
|---|---|
| <b>2 WATER WELL OWNER:</b><br><br>RR#, St. Address, Box #: <u>1826 Serie</u><br><br>City, State ZIP Code: <u>Wichita KS 67218</u> | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|---|---|

|  |   |                   |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
|--|---|-------------------|---|--|----|--|----|--|----|--|----|--|---|--|--|---|--|---|--|--|---|------------|-----------------------|--------------|--------------|--------------------------|---------------|-----------|---|-------------------|--------------|--------------------|----------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br><div style="text-align: center;">             N<br/> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td></td> <td style="text-align: center;">NE</td> <td></td> </tr> <tr> <td style="text-align: center;">SW</td> <td></td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td style="text-align: center;">W</td> <td></td> <td></td> <td style="text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table> </div> |   |                   |   |  | NW |  | NE |  | SW |  | SE |  | W |  |  | E |  | S |  |  | <b>4 DEPTH OF WELL</b> <u>3</u> ft.<br><br>WELL'S STATIC WATER LEVEL <u>N/A</u> ft.<br><br>WELL WAS USED AS:<br><br><table style="width: 100%;"> <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><input checked="" type="radio"/> Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring | 3 Feedlot | <input checked="" type="radio"/> Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
|  |   |                   |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
| NW   |   | NE                |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
| SW   |   | SE                |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
| W  |   |                   | E |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
|  | S   |                   |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
| 1 Domestic   | 5 Public Water Supply                                     | 9 Dewatering      |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
| 2 Irrigation   | 6 Oil Field Water Supply                                  | 10 Monitoring     |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
| 3 Feedlot  | <input checked="" type="radio"/> Domestic (Lawn & Garden) | 11 Injection Well |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |
| 4 Industrial   | 8 Air Conditioning  | 12 Other _____    |   |  |    |  |    |  |    |  |    |  |   |  |  |   |  |   |  |  |   |            |                       |              |              |                          |               |           |   |                   |              |                    |                |

|  |            |                   |                 |
|--|------------|-------------------|-----------------|
| <b>5 TYPE OF BLANK CASING USED:</b>  |            |                   |                 |
| <input checked="" type="radio"/> Steel   | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    |
| 2 PVC  | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |
| 9 Other (Specify below) _____  |            |                   |                 |
| Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____ |            |                   |                 |
| Casing height above or below land surface _____ in.  |            |                   |                 |

|   |                                    |   |                                |               |
|---|------------------------------------|---|--------------------------------|---------------|
| <b>6 GROUT PLUG MATERIAL:</b>                         | 1 Neat cement                      | <input checked="" type="radio"/> Cement grout         | 3 Bentonite                    | 4 Other _____ |
| Grout Plug Intervals:                                 | From <u>0</u> ft. to <u>1</u> ft., | From <u>1</u> ft. to <u>3</u> 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                         | <input checked="" type="radio"/> 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>3</u> | <u>cement</u>      |      |    |                    |
|          |          |                    |      |    |                    |
|          |          |                    |      |    |                    |
|          |          |                    |      |    |                    |
|          |          |                    |      |    |                    |
|          |          |                    |      |    |                    |
|          |          |                    |      |    |                    |

|  |  |
|--|--|
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/15/09</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>5/15/09</u> under the business name of <u>Scott Shott</u> 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>.