

County: Sedgwick Fraction SE NE SE SE Sec. 27 T 27 S R 1 EW

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

(to rectify lacking or incorrect information)

Owner: Michele Pfender

Location was listed as:

Section-Township-Range: None Given

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

Location changed to:

27-27S-1E

SE NE SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

Submitted by: _____ initials: DR date: 6/9/2015

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> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> <u>3117 E. Grail</u> <u>Wichita KS 67211</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number _____	Township Number <u>T</u> <u>S</u>	Range Number <input type="checkbox"/> E <input type="checkbox"/> W																																										
2 WATER WELL OWNER: <u>Michele Pfender</u> RR#, St. Address, Box #: <u>3117 E Grail</u> City, State ZIP Code: <u>Wichita KS 67211</u>		Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> S W E </div>	NW	NE	SW	SE	4 DEPTH OF WELL <u>20</u> ft. WELL'S STATIC WATER LEVEL <u>13</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> <u>Irrigation</u> <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																									
NW	NE																																													
SW	SE																																													
5 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> <u>Steel</u> <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile <input checked="" type="checkbox"/> <u>Other (Specify below)</u> <u>Sand point</u> Blank casing diameter _____ in. Was casing pulled? Yes <input type="checkbox"/> <u>No</u> If yes, how much _____ Casing height above or below land surface _____ in.																																														
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> <u>Bentonite</u> <input type="checkbox"/> Other _____ Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Septic tank <input checked="" type="checkbox"/> <u>Sewer lines</u> <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool </div> <div style="width: 30%;"> <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens </div> <div style="width: 30%;"> <input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well </div> </div> <input type="checkbox"/> Other (specify below) _____ Direction from well? _____ How many feet? _____																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Well was plugged by</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>property owner.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Sand point well was cut</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>off at concrete basement floor</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>level and filled</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>with bentonite</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS			Well was plugged by						property owner.						Sand point well was cut						off at concrete basement floor						level and filled						with bentonite			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-17-15</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>4-17-15</u> under the business name of <u>property owner</u> by (signature) <u>Michele Pfender</u>																																														
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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html .																																														

4/28/15