

County: Sedgwick Fraction E2 NE NW NW Sec. 6 T 27 S R 1 EW

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

(to rectify lacking or incorrect information)

Owner: Cindy Clements

Location was listed as:

Section-Township-Range: None Given

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

Location changed to:

6-27S-1E

E2 NE NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Wellsite address, city street map,
and mapping tool & aerial photos on KGS website.

initials: DRB date: 10/3/2016

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>2930 N. ATHENIAN</u> <u>WICHITA, KS, 67204</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number	Township Number T S	Range Number <input type="checkbox"/> E <input type="checkbox"/> W																																																
Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____																																																				
2 WATER WELL OWNER: <u>CINDY CLEMENTS</u> RR#, St. Address, Box #: <u>2930 N. ATHENIAN</u> City, State ZIP Code: <u>WICHITA, KS, 67204</u>		<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;"> </div>	4 DEPTH OF WELL <u>32</u> ft. WELL'S STATIC WATER LEVEL <u>15</u> ft WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply <input checked="" 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 type="checkbox"/>																																																			
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC </div> <div style="width: 20%;"> <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS </div> <div style="width: 20%;"> <input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement </div> <div style="width: 20%;"> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile </div> <div style="width: 20%;"> <input type="checkbox"/> Other (Specify below) _____ </div> </div> Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>2</u> in.																																																				
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>32</u> ft. to <u>3</u> 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 type="checkbox"/> Sewer lines <input checked="" 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? <u>SE</u> How many feet? <u>30'</u>																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>32</u></td> <td><u>3</u></td> <td><u>BENTONITE</u></td> <td><u>3</u></td> <td><u>FLOOR</u></td> <td><u>CONCRETE</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>32</u>	<u>3</u>	<u>BENTONITE</u>	<u>3</u>	<u>FLOOR</u>	<u>CONCRETE</u>																																				
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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>6-17-16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>08498</u> . This Water Well Record was completed on (mo/day/year) <u>6-21-16</u> under the business name of <u>3D PLUMBING + ELECTRIC</u> by (signature) <u>[Signature]</u>																																																				

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212
Revised 1/20/2015