

County: Sedgwick Fraction SE NW SE NW Sec. 22 T 27 S R 2 (E)W

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

(to rectify lacking or incorrect information)

Owner: Arlene TenEyck

Location was listed as:

Location changed to:

Section-Township-Range: 22-27S-2E

22-27S-2E

Fraction ( $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): SE SE NW

SE NW SE NW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

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

initials: ARL date: 7/27/2015

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.

|   |                         |                             |                |                 |                      |
|---|-------------------------|-----------------------------|----------------|-----------------|----------------------|
| 1 | LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number         |
|   | County: <u>SEDGWICK</u> | <u>SE 1/4 SE 1/4 NW 1/4</u> | <u>22</u>      | <u>T27S</u>     | <u>R2</u> <u>E/W</u> |

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

exterior - 8 ft N of back door - 11716 E. 1st St. N Wichita KS 67206

|   |                            |                                                   |
|---|----------------------------|---------------------------------------------------|
| 2 | WATER WELL OWNER:          | Board of Agriculture, Division of Water Resources |
|   | <u>Arlene TenEyck</u>      |                                                   |
|   | RR #, St. Address, Box #:  | Application Number:                               |
|   | <u>11716 E. 1st St. N.</u> | <u>Unknown</u>                                    |
|   | City, State, ZIP Code:     |                                                   |
|   | <u>Wichita KS 67206</u>    |                                                   |

|   |                                                  |   |                                                                                                                                                                                                                                                             |
|---|--------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <u>76</u> ft.                                                                                                                                                                                                                                 |
|   |                                                  |   | WELL'S STATIC WATER LEVEL <u>60</u> ft.                                                                                                                                                                                                                     |
|   |                                                  |   | WELL WAS USED AS:                                                                                                                                                                                                                                           |
|   |                                                  |   | 1 Domestic      5 Public Water Supply      9 Dewatering<br>2 Irrigation    6 Oil Field Water Supply    10 Monitoring Well<br>3 Feedlot       7 Domestic (Lawn & Garden)   11 Injection Well<br>4 Industrial    8 Air Conditioning            12 Other ..... |
|   |                                                  |   | Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....                                                                                                                                                                |
|   |                                                  |   | If yes, mo/day/yr sample was submitted .....                                                                                                                                                                                                                |
|   |                                                  |   | Water Well Disinfected: Yes <u>X</u> ..... No .....                                                                                                                                                                                                         |

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

|   |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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)<br>2 Sewer lines    7 Pit privy       12 Fertilizer storage <u>Treatment</u><br>3 Watertight sewer lines    8 Sewage lagoon    13 Insecticide storage<br>4 Lateral lines    9 Feedyard       14 Abandoned water well<br>5 Cess pool       10 Livestock pens    15 Oil well/Gas well |                                                                                   |
|   | Direction from well? <u>SOUTH</u> How many feet? <u>8</u>                                                                                                                                                                                                                                                                                                         |                                                                                   |

| FROM      | TO        | PLUGGING MATERIALS   |
|-----------|-----------|----------------------|
| <u>4</u>  | <u>0</u>  | <u>Topsoil</u>       |
| <u>20</u> | <u>4</u>  | <u>Bentonite</u>     |
| <u>76</u> | <u>20</u> | <u>Sand / bleach</u> |
|           |           |                      |
|           |           |                      |
|           |           |                      |
|           |           |                      |

72 ft of 1 1/4 steel pipe pulled w/ pump.

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/22/03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>228</u> This Water Well Record was completed on (mo/day/year) <u>10/22/03</u> under the business name of <u>Wichita Water Well Plugging</u> by (signature) <u>[Signature]</u> |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

INSTRUCTIONS: Use typewriter or ball point 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.