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: 4-28S-3W	4-28S-1E
Fraction (¼ ¼ ¼): None Given	NE NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city street map, and Wichita East 1:24,000 topo. map.

initials: DRL date: 12/20/2006

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. _____

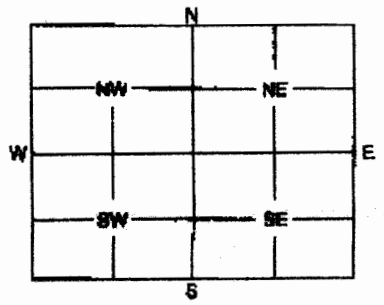
1 LOCATION OF WATER WELL: Fraction: ¼ ¼ ¼ | Section Number: 04 | Township Number: 28S | Range Number: 3W E/W

County: Sedgwick

Distance and direction from nearest town or city street address of well if located within city?
2456 S. Pattie Wichita KS 67216

2 WATER WELL OWNER: Sharon K. Rush
RR #, St. Address, Box #: 2606 Glacier Ct
City, State, ZIP Code: Wichita, KS 67215
Board of Agriculture, Division of Water Resources Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 20' ft. Plugged
WELL'S STATIC WATER LEVEL 14' ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical / bacteriological sample submitted to Department? Yes ____ No X
If yes, mo/day/yr sample was submitted ____

Water Well Disinfected: Yes ✓ No ____

5 TYPE OF BLANK CASING USED:

1 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 5 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 10 ft. to 0 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	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? ____ How many feet? ____

FROM	TO	PLUGGING MATERIALS
20'	10'	Chat/natural gravel/bentonite
10'	0	Cement grout

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-06-06 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) 12-06-06 under the business name of Great Plains Pump & Well Service by (signature) _____

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.