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

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Wellsite address, city street map, and mapping tool on KGS website.

initials: DRL date: 7/9/2009

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	Section Number	Township Number	Range Number
County: SEDGWICK	¼ ¼ ¼	4	28S	1 E/W

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

2721 S. MEAD

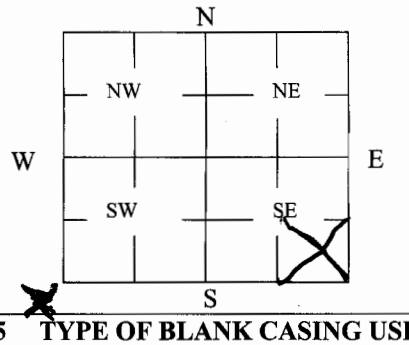
2 WATER WELL OWNER: JOAN LOUISE KLEIN

RR#, St. Address, Box #: 2721 S. MEAD

City, State ZIP Code: WICHITA, KS. 67216

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

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



4 DEPTH OF WELL 20 ft.

WELL'S STATIC WATER LEVEL 5 ft

WELL WAS USED AS:

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

Was a chemical/bacteriological sample submitted to Department? Yes ____ No X

5 TYPE OF BLANK CASING USED:

(1 Steel) (2 PVC) 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____

Blank casing diameter 1 in. Was casing pulled? Yes ____ No X If yes, how much _____
Casing height above or (below) land surface 15 in.

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 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool
6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens
11 Fuel Storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well
16 Other (specify below) _____
Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
			0'	19'	BENTONITE
			19'	20'	DIRT

7 CONTRACTOR'S OR (LANDOWNER'S) CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-17-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A. This Water Well Record was completed on (mo/day/year) 4-17-09 under the business name of N/A by (signature) Patricia L Fowler.

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.