

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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: 32-19-11 WFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW NW NW SW

Location changed to:

8-285-1 ENW NW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: well site address, city street map, and
mapping tool on KGS website.initials: DRL date: 10/6/2009submitted 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.

AS-1

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 00354295

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																												
	County: <u>Sedgwick</u>	<u>SW 1/4 NW 1/4 NW 1/4 SW</u>	<u>32</u>	<u>19</u>	<u>11 W</u>																												
Distance and direction from nearest town or city street address of well if located within city? <u>3202 S. Seneca St. Wichita KS 67217</u>																																	
2	WATER WELLOWNER: <u>Ken's Auto Conoco / Coastal Mart #9193</u>																																
	RR #, St. Address, Box #: <u>3202 S. Seneca St.</u>		Board of Agriculture, Division of Water Resources																														
	City, State, ZIP Code: <u>Wichita KS 67217</u>		Application Number:																														
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																
	<table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td colspan="4">N</td></tr> <tr><td colspan="2">NW</td><td colspan="2">NE</td></tr> <tr><td colspan="2"> </td><td colspan="2"> </td></tr> <tr><td colspan="2">W</td><td colspan="2">E</td></tr> <tr><td colspan="2">X</td><td colspan="2"> </td></tr> <tr><td colspan="2">SW</td><td colspan="2">SE</td></tr> <tr><td colspan="4">S</td></tr> </table>					N				NW		NE						W		E		X				SW		SE		S			
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4	DEPTH OF WELL <u>21</u> ft. WELL'S STATIC WATER LEVEL <u>12.8</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td><u>11</u> Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> 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 No <u>X</u>					1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	<u>11</u> Injection Well	4 Industrial	8 Air Conditioning	12 Other																
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5	TYPE OF BLANK CASING USED:																																
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>2</u> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>3</u> Casing height above or <u>below</u> land surface <u>36</u> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other																																
	Grout Plug Intervals: From <u>21</u> ft. to <u>3</u> ft., From ft. to ft., From to ft.																																
	What is the nearest source of possible contamination:																																
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	Direction from well? <u>NE</u> How many feet? <u>125</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>7-14-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>7-16-09</u> This Water Well Record was completed on (mo/day/year) <u>7-16-09</u> under the business name of <u>Green Field Contractors</u> by (signature) <u>Jan Pearson</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.