

County: Sedgwick Fraction NW NE SE Sec. 21 T 28 S R 1 (E)W

**CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)**  
(to rectify lacking or incorrect information)

Owner: McCurdy Realty

Location was listed as:

Section-Township-Range: 21-28S-1E

Fraction ( $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): None Given

Location changed to:

21-28S-1E

NW NE SE

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

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

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

Verification method: well site address, city street map, and  
mapping tool on KGS website.

initials: DRA date: 7/5/2013

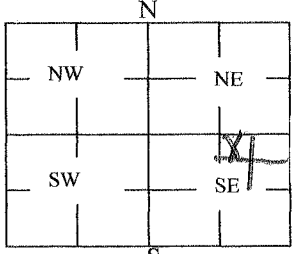
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

| <b>1 LOCATION OF WATER WELL:</b> Fraction<br>County: <u>Saline</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$<br>Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/><br><u>1403E 52nd</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>Section Number</b> <u>21</u> <b>Township Number</b> <u>T 28 S</u> <b>Range Number</b> <u>1</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W<br><b>Global Positioning Systems (GPS) information:</b><br>Latitude: _____ (in decimal degrees)<br>Longitude: _____ (in decimal degrees)<br>Elevation: _____<br>Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method: _____<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                    |      |    |                    |           |           |                          |  |  |  |           |          |                     |  |  |  |          |          |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b> <u>Merced Realty</u><br>RR#, St. Address, Box #: <u>1403E 52nd</u><br>City, State ZIP Code: <u>Wichita KS 67216</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | <b>4 DEPTH OF WELL</b> <u>35</u> ft.<br><b>WELL'S STATIC WATER LEVEL</b> <u>16</u> ft.<br><b>WELL WAS USED AS:</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic<br/> <input type="checkbox"/> Irrigation<br/> <input type="checkbox"/> Feedlot<br/> <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply<br/> <input type="checkbox"/> Oil Field Water Supply<br/> <input checked="" type="checkbox"/> Domestic (Lawn &amp; Garden)<br/> <input type="checkbox"/> Air Conditioning         </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering<br/> <input type="checkbox"/> Monitoring<br/> <input type="checkbox"/> Injection Well<br/> <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                    |                    |      |    |                    |           |           |                          |  |  |  |           |          |                     |  |  |  |          |          |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Steel<br/> <input type="checkbox"/> PVC         </div> <div style="width: 20%;"> <input checked="" type="checkbox"/> RMP (SR)<br/> <input type="checkbox"/> ABS         </div> <div style="width: 20%;"> <input type="checkbox"/> Wrought<br/> <input type="checkbox"/> Asbestos-Cement         </div> <div style="width: 20%;"> <input type="checkbox"/> Fiberglass<br/> <input type="checkbox"/> Concrete Tile         </div> <div style="width: 20%;"> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter <u>6</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>4'</u><br>Casing height above or below land surface <u>48</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                    |      |    |                    |           |           |                          |  |  |  |           |          |                     |  |  |  |          |          |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>Grout Plug Intervals: From <u>16</u> ft. to <u>4</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Septic tank<br/> <input type="checkbox"/> Sewer lines<br/> <input checked="" type="checkbox"/> Watertight sewer lines<br/> <input type="checkbox"/> Lateral lines<br/> <input type="checkbox"/> Cess pool         </div> <div style="width: 30%;"> <input type="checkbox"/> Seepage pit<br/> <input type="checkbox"/> Pit privy<br/> <input type="checkbox"/> Sewage lagoon<br/> <input type="checkbox"/> Feedyard<br/> <input type="checkbox"/> Livestock pens         </div> <div style="width: 30%;"> <input type="checkbox"/> Fuel storage<br/> <input type="checkbox"/> Fertilizer storage<br/> <input type="checkbox"/> Insecticide storage<br/> <input type="checkbox"/> Abandoned water well<br/> <input type="checkbox"/> Oil well/Gas well         </div> </div> <input type="checkbox"/> Other (specify below) _____<br>Direction from well? <u>West</u><br>How many feet? <u>8'</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>35</u></td> <td><u>16</u></td> <td><u>Sand &amp; gravel</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>16</u></td> <td><u>4</u></td> <td><u>Cement grout</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>4</u></td> <td><u>0</u></td> <td><u>Top soil</u></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>35</u> | <u>16</u> | <u>Sand &amp; gravel</u> |  |  |  | <u>16</u> | <u>4</u> | <u>Cement grout</u> |  |  |  | <u>4</u> | <u>0</u> | <u>Top soil</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TO        | PLUGGING MATERIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PLUGGING MATERIALS |                    |      |    |                    |           |           |                          |  |  |  |           |          |                     |  |  |  |          |          |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>35</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>16</u> | <u>Sand &amp; gravel</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                    |      |    |                    |           |           |                          |  |  |  |           |          |                     |  |  |  |          |          |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>4</u>  | <u>Cement grout</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                    |      |    |                    |           |           |                          |  |  |  |           |          |                     |  |  |  |          |          |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>0</u>  | <u>Top soil</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                    |      |    |                    |           |           |                          |  |  |  |           |          |                     |  |  |  |          |          |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-15-12</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> . This Water Well Record was completed on (mo/day/year) <u>10-15-12</u> under the business name of <u>Brandon Pump &amp; Well</u> by (signature) <u>David Beck</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                    |      |    |                    |           |           |                          |  |  |  |           |          |                     |  |  |  |          |          |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.