

County: Sedgwick Fraction SE SW NW Sec. 20 T 28 S R 1 EW

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

Owner: Dustin Pullman

Location was listed as:

Location changed to:

Section-Township-Range: None Given

20-28S-1E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

SE SW 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: DR date: 5/28/2015

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.

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ $\frac{1}{16}$		Section Number		Township Number T S		Range Number E W																																																	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ <u>829 W. Sunrise</u> <u>Wichita KS 67217</u>				Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27 Collection Method: ☐ GPS unit (Make/Model: _____) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m																																																					
2 WATER WELL OWNER: <u>Dustin Pullman</u> RR#, St. Address, Box #: <u>3818 N. Lake Ridge</u> <u>Wichita KS 67205</u> City, State ZIP Code:																																																									
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> S W E				NW	NE	SW	SE	4 DEPTH OF WELL <u>11</u> ft. WELL'S STATIC WATER LEVEL <u>Ø</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>☐ Domestic</td> <td>☐ Public Water Supply</td> <td>☐ Dewatering</td> </tr> <tr> <td>☒ Irrigation</td> <td>☐ Oil Field Water Supply</td> <td>☐ Monitoring</td> </tr> <tr> <td>☐ Feedlot</td> <td>☐ Domestic (Lawn & Garden)</td> <td>☐ Injection Well</td> </tr> <tr> <td>☐ Industrial</td> <td>☐ Air Conditioning</td> <td>☐ Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒						☐ Domestic	☐ Public Water Supply	☐ Dewatering	☒ Irrigation	☐ Oil Field Water Supply	☐ Monitoring	☐ Feedlot	☐ Domestic (Lawn & Garden)	☐ Injection Well	☐ Industrial	☐ Air Conditioning	☐ Other _____																																
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td>☐ Steel</td> <td>☐ RMP (SR)</td> <td>☐ Wrought</td> <td>☐ Fiberglass</td> <td>☐ Other (Specify below) _____</td> </tr> <tr> <td>☒ PVC</td> <td>☐ ABS</td> <td>☐ Asbestos-Cement</td> <td>☐ Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter <u>6</u> in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____ Casing height above or below land surface <u>Ø</u> in.										☐ Steel	☐ RMP (SR)	☐ Wrought	☐ Fiberglass	☐ Other (Specify below) _____	☒ PVC	☐ ABS	☐ Asbestos-Cement	☐ Concrete Tile																																							
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6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☒ Bentonite ☐ Other _____ Grout Plug Intervals: From <u>8</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>Ø</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>☐ Septic tank</td> <td>☐ Seepage pit</td> <td>☐ Fuel storage</td> <td>☐ Other (specify below) _____</td> </tr> <tr> <td>☐ Sewer lines</td> <td>☐ Pit privy</td> <td>☐ Fertilizer storage</td> <td></td> </tr> <tr> <td>☐ Watertight sewer lines</td> <td>☐ Sewage lagoon</td> <td>☐ Insecticide storage</td> <td></td> </tr> <tr> <td>☐ Lateral lines</td> <td>☐ Feedyard</td> <td>☐ Abandoned water well</td> <td>Direction from well? _____</td> </tr> <tr> <td>☐ Cess pool</td> <td>☐ Livestock pens</td> <td>☐ Oil well/Gas well</td> <td>How many feet? _____</td> </tr> </table>										☐ Septic tank	☐ Seepage pit	☐ Fuel storage	☐ Other (specify below) _____	☐ Sewer lines	☐ Pit privy	☐ Fertilizer storage		☐ Watertight sewer lines	☐ Sewage lagoon	☐ Insecticide storage		☐ Lateral lines	☐ Feedyard	☐ Abandoned water well	Direction from well? _____	☐ Cess pool	☐ Livestock pens	☐ Oil well/Gas well	How many feet? _____																												
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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>5-1-15</u> 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) <u>5-5-15</u> under the business name of _____ by (signature) <u>[Signature]</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 .																																																									