

County: Sedgwick Fraction: NE, SE, NW, NW Sec. 28 T. 28 S R. 1 E

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

Owner: Gaylon Stafford Lawn & Garden

If location corrected, was listed as:

Section-Township-Range: SE, NW, NW

Location changed to:

NE, SE, NW, NW

Fraction (1/4 calls): _____

Other changes: Initial statements: _____

Changed to: _____

Comments: Well owner could not measure below 2.5 ft of casing. Well in 3 ft deep pit.

Verification method: Confirmed w/ water well owner, Google Earth, and KDHE STR Finder.

Initials: BA Date: 11/29/2022

Submitted by: ☐ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
☒ 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: Sedgwick	Fraction ¼ SE ¼ NW ¼ NW ¼	Section Number 28	Township Number T 28 S	Range Number 1 ☒ E ☐ W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 616 E Wayne, Wichita, Ks.

67216 Well inside Garage

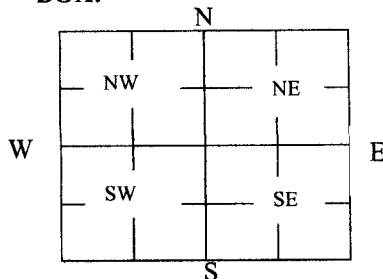
Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____
Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
Collection Method:

2 WATER WELL OWNER: GTS Investments LLC
RR#, St. Address, Box #: PO Box 781014
City, State ZIP Code: Wichita, Kansas 67278

☐ GPS unit (Make/Model: _____)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

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



4 DEPTH OF WELL _____ ft.

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|--|---|
| ☐ Domestic | ☐ Public Water Supply | ☐ Dewatering |
| ☐ Irrigation | ☐ Oil Field Water Supply | ☐ Monitoring |
| ☐ Feedlot | ☒ Domestic (Lawn & Garden) | ☐ Injection Well |
| ☐ Industrial | ☐ Air Conditioning | ☐ Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

5 TYPE OF BLANK CASING USED:

- ☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 2 _____ in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
Casing height above or below land surface 36 _____ in.

6 GROUT PLUG MATERIAL: ☒ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| ☒ 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? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
Top	Bottom	Neat Cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 07/07/2020 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) 10/19/2022 under the business name of _____ by (signature) *Stephen R. Stuffer* 316-737-7718

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.