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: Rockford – 2E	32 - 29S - 2E
Fraction (¼ ¼ ¼): SE SE SE	SE SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address & city street map on internet, and mapping tool & aerial photo on KGS website.

initials: DRL date: 11/10/2005

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.

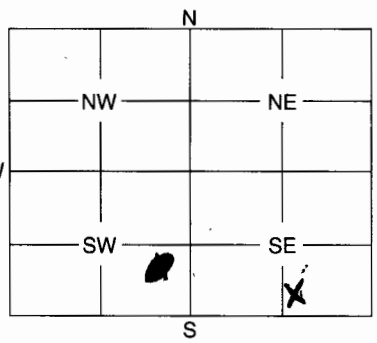
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO._____

1 LOCATION OF WATER WELL: County: Sedgwick | Fraction: SE ¼ SE ¼ SE ¼ | Section Number | Township Number: Rockford | Range Number: 2 E/W

Distance and direction from nearest town or city street address of well if located within city?
307 Filmore Mulvane Ks, 67110

2 WATER WELL OWNER: H+M Trust
RR #, St. Address, Box #: 525 E. Bridge
City, State, ZIP Code : Mulvane Ks. 67110
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 50 ft.
WELL'S STATIC WATER LEVEL 22 ft.

WELL WAS USED AS:

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

Was a chemical / bacteriological sample submitted to Department? Yes ..... No X
If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes X No .....

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 4 in. Was casing pulled? Yes ..... No X If yes, how much .....
Casing height above or below land surface 3 Ft. below

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....
Grout Plug Intervals: From 50 ft. to 3 ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	Termite Treatment
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? East How many feet? 50 ft.

FROM	TO	PLUGGING MATERIALS
50	3	Neat Cement
3	0	Compacted soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-6-2005 10-6-2005 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) 10-18-2005 under the business name of .....
by (signature) .....

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, 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.