

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

Location listed as:

Section-Township-Range: 33-17-35

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

County: Wichita

Location changed to:

33-17S-35W

NW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

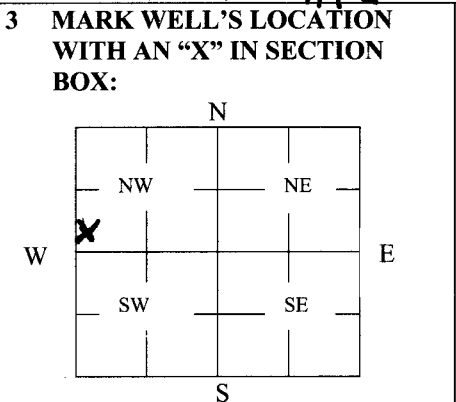
verification method: Legal description, position on plat map, WIMAS
water rights record, and mapping tool & aerial photos
on KGS website. initials: DRJ date: 6/9/2009

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.

1 LOCATION OF WATER WELL: County: <u>WICHITA</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>33</u>	Township Number <u>17</u>	Range Number <u>35</u> <input checked="" type="checkbox"/> W
--	---	-----------------------------	------------------------------	---

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: RR#, St. Address, Box #: <u>GARY ZELNER</u> <u>RR#1 Box B</u> City, State ZIP Code: <u>MARIETTA KS 67861</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
--	---



4 DEPTH OF WELL 147 ft.

WELL'S STATIC WATER LEVEL 0.0 ft

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
<input checked="" type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring
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

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 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 14 in. Was casing pulled? Yes No _____ If yes, how much 3 F

Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 147 ft. to 30 ft., From 30 ft. to 6 ft., From 6 to 3 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	_____
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	_____
4 Lateral lines	9 Feedyard	<input checked="" type="checkbox"/> 14 Abandoned water well	Direction from well? <u>S</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? <u>1/4 mile</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>147</u>	<u>30</u>	<u>sand</u>			
<u>30</u>	<u>6</u>	<u>dirt</u>			
<u>6</u>	<u>3</u>	<u>Bentonite</u>			
<u>3</u>	<u>0</u>	<u>dirt</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-22-08 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) 5-23-08 under the business name of Jones Crutcher by (signature) Jeff Stensen.

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.



COPY

Please submit to: Kansas Department of Health & Environment
Bureau of Water - Geology Section
1000 S. W. Jackson Street, Suite 420
Topeka, Kansas 66612-1367

INACTIVE WATER WELL REQUEST FORM WWC-6 KSA

In accordance with K.A.R. 28-30-7, Landowners may obtain the department's written approval to maintain wells in an inactive status rather than being plugged if the landowner can present evidence to the department as to the condition of the well and as to the landowner's intentions to use the well in the future. As evidence of intentions, the owner shall be responsible for properly maintaining the well in such a way that:

- The well and the annular space between the hole and the casing shall have no defects that will permit the entrance of surface water or vertical movement of subsurface water into the well;
The well is clearly marked and is not a safety hazard;
The top of the well is securely capped in a watertight manner and is adequately maintained in such a manner as to prevent easy entry by other than the landowner;
The area surrounding the well shall be protected from potential sources of contamination within a 50 foot radius;
If the pump, motor or both, have been removed for repair, replacement, etc., the well shall be maintained to prevent injury to the people and to prevent the entrance of any contaminants or other foreign materials;
The well shall not be used for disposal or injection of trash, garbage, sewage, wastewater or storm runoff; and
The well shall be easily accessible to routine maintenance periodic inspection.

INSTRUCTIONS: Please provide the department with the following information on your inactive well. Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in all blanks, underline or circle the correct answers.

1. LOCATION OF WATER WELL: County: wichita Fraction 1/4 1/4 1/4 Section # 33 Township # T 17 S Range # R 35 E/W
2. WATER WELL OWNER: Ben & Cary Zellner Maricathal Ks. RR#, St. Address, Box #: Box 37 City, State, Zip Code: 67863
3. WATER RIGHT FILE NO.: 8333 00 4. DEPTH OF COMPLETED WELL: ft.
5. WELL'S STATIC WATER LEVEL: ft.
6. WELL PREVIOUSLY USED AS: 1. Domestic 2. Irrigation 3. Feedlot 4. Industrial 5. Public Water Supply 6. Oil Field Water Supply 7. Lawn and Garden Only 8. Air Conditioning 9. Dewatering 10. Observation Well 11. Injection Well 12. Other
7. TYPE OF BLANK CASING USED: 1. Steel 2. PVC 3. RMP (SR) 4. ABS 5. Wrought Iron 6. Asbestos-Cement 7. Fiberglass 8. Concrete Tile 9. Other
8. GROUT MATERIAL: 1. Neat Cement 2. Cement Grout 3. Bentonite 4 Other Grout Interval: From ft. To ft.
9. NEAREST SOURCE OF POSSIBLE CONTAMINATION: 1. Septic Tank 2. Sewer Lines 3. Watertight Sewer Lines 4. Lateral Lines 5. Cess Pool 6. Seepage Pit 7. Pit Privy 8. Sewage Lagoon 9. Feedyard 10. Livestock Pens 11. Fuel Storage 12. Fertilizer Storage 13. Insecticide Storage 14. Abandoned Water Well 15. Oil Well/Gas Well 16. Other (specify below)
10. WELL ORIGINALLY CONSTRUCTED BY: (Driller's Name): RR#, St. Address, Box #: City, State, Zip Code:
11. DATE WELL PLACED ON INACTIVE STATUS: 12-10-09 This is not a request for Inactive well status
12. ESTIMATED REACTIVATION DATE: 12-31-19

I certify this water well currently in compliance with all applicable requirements for inactive wells and agree to maintain the well in accordance with K.A.R. 28-30-7f until such time well is either reactivated or plugged.

Signature of Well Owner: Ben Zellner

may be used for domestic use

d/water wells/wwp procedures/WWC-6