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

County: _Wichita_

Location listed as:

Location changed to:

Section-Township-Range: _27 - 18 - 37 W_ | _21 - 18 5 - 37 W_

Fraction (¼ ¼ ¼): _N E_ | _W2 NW NE_

Other changes: Initial statements: _____

_____

Changed to: _____

_____

Comments: _____

_____

verification method: _County ownership directory, KGS' "WIMAS" &_
"WIZARD" database records for this well, and KGS'
mapping tool & aerial photos online. initials: _ARL_ date: _9/25/2008_

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.

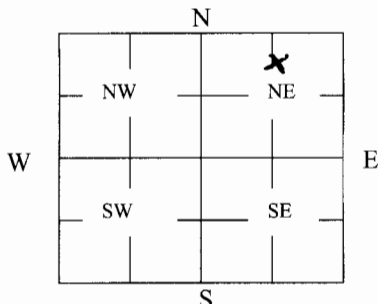# WATER WELL PLUGGING RECORD   Form WWC-5P   KSA 82a-1212   ID NO.

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: WICHITA	NE ¼ ¼ ¼	27	1⁵	37 E/W

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

2	WATER WELL OWNER: Jo ZELNER.JR

RR#, St. Address, Box #:

City, State ZIP Code: LEOTI KS 67861

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

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

```
            N
   +---+---+---+
   |NW |   | X |
   +---+---+---+
 W |   |   |   | E
   +---+---+---+
   |SW |   |SE |
   +---+---+---+
            S
```

4. DEPTH OF WELL ____101____ ft.

WELL'S STATIC WATER LEVEL ____11____ ft

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
✗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 ✗

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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 __14__ in. Was casing pulled? Yes __✗__ No _____ If yes, how much __8'__
Casing height above or below land surface __48__ in.

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

Grout Plug Intervals: From __101__ ft. to __35__ ft.,   From __35__ ft. to __7__ ft.,   From __7__ to __4__ 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	14 Abandoned water well	Direction from well? __NE__
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? __1700 E__

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
101	35	Sand			
35	7	Dirt			
7	4	Bentonite			
4	0	Dirt			

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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) _8-12-08_ 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) _8-12-08_ under the business name of _Jones Cnutcsen_ by (signature) _Ulj Chrtemsen_

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.