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

(to rectify tacking of med	freet mormation)
Location listed as:	County: Harvey Location changed to:
Section-Township-Range:	29-235-2W
Fraction ( 1/4 1/4 1/4):	NW NW NW SW
Other changes: Initial statements: Sedawick	County
Changed to: Harvey Cou	inty
Comments:	
verification method: Latitude & longitude, and mapping tool on KGS is	KGS' LEO" conversion tool, website.  initials: ARI date: 3/21/2012
submitted by: Kansas Geological Survey, Data Resources Library, 1930 to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW	0 Constant Ave., Lawrence, KS 66047-3726

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		WATER WELL PLUGGING	RECORD Form WWC-5P	KSA 82a-1212 ID N	o. MROZ
1 LOCATION OF	F WATER WELL:	Fraction	Section Number	Township Number	Range Number
Junty: SEDE	SWICK	NW4 NW 14 SW 14	: 29	235	2 EM
		city street address of well if k	ocated within city?		N 38.02081 W 97.57322
2 WATER WELL	000 Boy #: 6016	of Wichita S. Spring Lake Ro	Doard or rightenian	e, Division of Water Resourc	ces
City, State, ZIP	Code : Halste	ad, KS 67056	Application Number 235.5	<u> </u>	
MARK WELL'S AN "X" IN SEC	S LOCATION WITH CTION BOX: N		TER LEVEL 47.5 ft.		,
		WELL WAS USED A	S:		
w	NE E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil Field Water Supply 6 Oil Field Water Supp 7 Domestic (Lawn & G 8 Air Conditioning	oly 10 Monitori Barden) 11 Injection	ng Well
sw	SE	Was a chemical / bacterio	ological sample submitted to Dwas submitted	epartment? Yes	No
	S	Water Well Disinfected:	Yes No		
5 TYPE OF BLA	ANK CASING USED:				
Steel 2 PVC		Vrought 7 Fiber sbestos-Cement 8 Cond	rglass 9 Other (Specify borete Tile	pelow)	
Blank casing Casing heigh	diameter	Was casing pulled?		If yes, how mu	uch9
6 GROUT PLUG Grout Plug In	O	Neat cement ②Cement of to	9. • • • • • • • • • • • • • • • • • • •	Other ft., From	
What is the no	earest source of possib	ole contamination:			
1 Septic to 2 Sewer li 3 Watertig 4 Lateral I 5 Cess po	nes ght sewer lines lines	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li><li>13 Insecticide storage</li><li>14 Abandoned water</li><li>15 Oil well/Gas well</li></ul>		21
Direction from	m well?	How ma	any feet?		,
FROM 1	то ғ	PLUGGING MATERIALS			
235.5 4.	3.5 Chloring	ted Sand			
43.5 9	4 Cemen	+ Grout		•	
4 0	Native	Soil			•

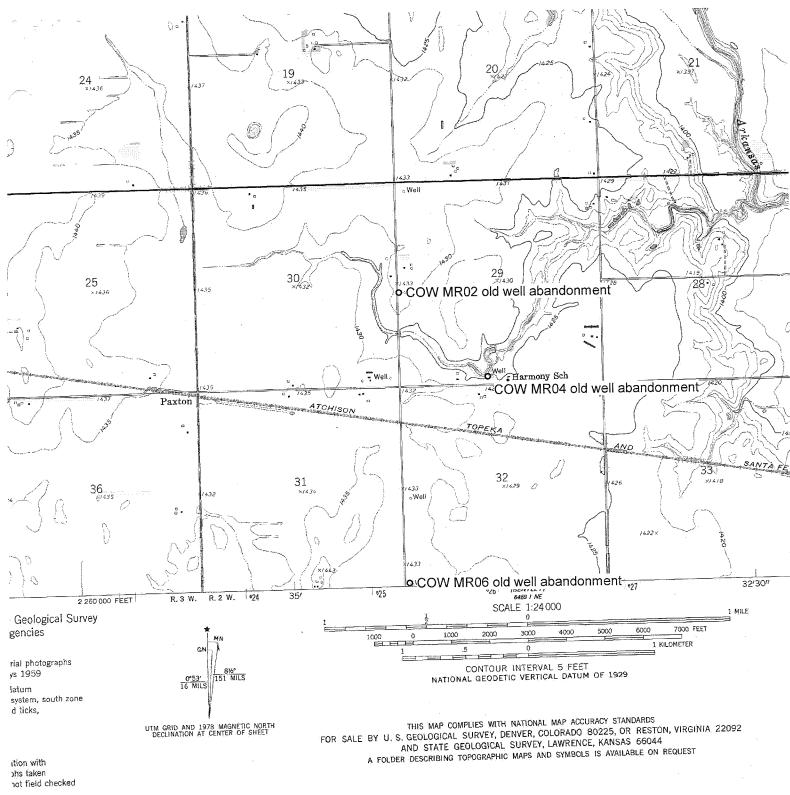
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/year) and the basiness name of the basin

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.

CHAD ISBMAN, PROJECT MANAGER

by (signature) ......



o COW MR08 old well abandonment