

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

County: Harvey

Location ~~changed to~~:

26-24S-2W

SW SW SW SE

Other changes: Initial statements: Sedgwick County

Changed to: Harvey County

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool,
and mapping tool on KGS website.

initials: DRF date: 3/21/2012

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.

#22

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MR22

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>JEDGHWK</u>	<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>26</u>		<u>24 S</u>		<u>2</u>	<u>E</u>

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

37° 55.635 N
97° 30.540 W

2	WATER WELL OWNER:	RR #, St. Address, Box #:	Board of Agriculture, Division of Water Resources
	<u>City of Wichita</u>	<u>6016 S. Spring Lake Rd.</u>	Application Number:
	City, State, ZIP Code:	<u>Halstead, KS 67056</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>185.6</u> ft. <u>From Ground level</u>
			WELL'S STATIC WATER LEVEL <u>25.8</u> ft.
			WELL WAS USED AS:
			1 Domestic <u>5</u> 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 <u>X</u>
			If yes, mo/day/yr sample was submitted
			Water Well Disinfected: Yes <u>X</u> No

5	TYPE OF BLANK CASING USED:
	<input checked="" type="radio"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="radio"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter <u>18</u> in. Was casing pulled? <input checked="" type="radio"/> Yes No If yes, how much <u>4'</u>
	Casing height above or below land surface <u>48"</u> in.

6	GROUT PLUG MATERIAL:	1 Neat cement	<u>2</u> Cement grout	3 Bentonite	4 Other
	Grout Plug Intervals:	From <u>25.1</u> ft.	to <u>4</u> 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 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 5 Cess pool 10 Livestock pens 15 Oil well/Gas well	<input checked="" type="radio"/> 16 Other (specify below) <u>None Known</u>			
	Direction from well? How many feet?				

FROM	TO	PLUGGING MATERIALS
<u>TO</u>	<u>25.1</u>	<u>Chlorinated Sand</u>
<u>25.1</u>	<u>4</u>	<u>Cement Grout</u>
<u>4</u>	<u>0</u>	<u>Native Soil</u>

15 tons

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/9/11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>Layne Christensen Company</u> by (signature) <u>[Signature]</u> <u>PROJECT MANAGER</u>
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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.

