

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log in order to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as 25-25-1W

changed to NE SE NE, 25-25S-1W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city map, and

Valley Center 1:24,000 topo. map.

initials: DRL date: 12/5/2002

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Sedgwick</u>	<u>1/4</u> <u>1/4</u> <u>1/4</u>	<u>25</u>	<u>25</u>	<u>1W</u>

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

6 Son Ct.2 WATER WELL OWNER: Ted & Tracy Anderson(Lot 6, Windmill Valley add.)RR#, St. Address, Box #: 6 Son Ct

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : Valley Center, KS 67147

Application Number:

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

N

N	W		N
W			E
	S	W	
			S

4 DEPTH OF WELL.....30 ft.WELL'S STATIC WATER LEVEL.....24 ft.

WELL WAS USED AS:

- | | | |
|--------------|--------------------------------|--------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 <u>Off-Farm Water Supply</u> | 10 Monitoring Well |
| 3 Feedlot | 7 <u>Lawn and Garden Only</u> | 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..... No X..

5 TYPE OF BLANK CASING USED:

- | | | | | |
|--------------|------------|-------------------|-----------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) |
| 2 <u>PVC</u> | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter.....6 in. Was casing pulled? Yes..... No X. If yes, how much.....
Casing height above or below land surface.....3 ft.....in.6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....Grout Plug Intervals: From.....30 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 | |
| 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? North East How many feet? ...10.....

FROM	TO	PLUGGING MATERIALS
<u>30</u>	<u>3</u>	<u>Cement Grout</u>
<u>3</u>	<u>0</u>	<u>Compacted Soil</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-16-2001..... 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) under the business name of by (signature) Tracy A. Anderson.....

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.