

County: Sedgwick Fraction: SE NW SE Sec. 7 T. 27 S R. 1 E

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

Owner: Artus, John

If location corrected, was listed as:

Section-Township-Range: 24 26S 1W

Fraction (¼ calls): NW SW NE

Location changed to:

7 27S 1E

SE NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Sedgwick County Property Data online mapper & Google Earth

Initials: KS Date: 2-23-2018

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
☐ 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: County: <u>Sedgwick</u>	Fraction $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	Section Number <u>24</u>	Township Number T <u>26</u> S	Range Number <u>1</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 1557 Woodrow Ct; Wichita, KS 67203		Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m		
2 WATER WELL OWNER: John Artus RR#, St. Address, Box #: 3209 W Bayview St City, State ZIP Code: Wichita, KS 67204				

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>unkwn</u> ft. WELL'S STATIC WATER LEVEL <u>unkwn</u> ft. WELL WAS USED AS: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input checked="" type="checkbox"/> Domestic (Lawn & Garden) <input checked="" type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Other <u>unkwn</u> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED:

☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) _____
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 6 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____

Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: ☒ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other _____

Grout Plug Intervals: From unkwn ft. to 0 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below) _____
<input checked="" type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
unkwn	0'	cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/09/2011 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) John Artus

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: ☐ White Copy ☐ Blue Copy ☐ Pink Copy