

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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Location changed to:

Section-Township-Range: 27 - 27S - 1W27 - 27S - 1WFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NW ~~NE~~ SENW NW SEOther changes: Initial statements: Location changed:Listed: 1333 W KelloggChanged to: 6333 W Kellogg

Comments: _____

verification method: Wichita map, online mapping service, phone call to drillerinitials: JB date: 10-12-2004

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: Sedgwick NW 1/4 NW 1/4 SE 1/4	27	27	01 W																																
Distance and direction from nearest town or city street address of well if located within city? 1333 W. Kellogg, Wichita; 23' W, 73'S of SW corner of Chuck Dahlem																																				
2		WATER WELL OWNER: Chuck Dahlem RR#, St. Address, Box # 11409 Lost Creek Circle City, State, ZIP Code : Wichita, KS 67212																																		
		Board of Agriculture, Division of Water Resources Application Number:																																		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4																																		
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td style="text-align: center;">X</td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> </table> S W E					NW		NE		X		SW		SE	DEPTH OF WELL 20 ft. WELL'S STATIC WATER LEVEL 12.74 ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other																						
		NW		NE																																
			X																																	
SW		SE																																		
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																																				
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes X No _____ If yes, how much 20 Casing height above or below land surface 0 in. Overdrilled to 20' bgs																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. 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? _____ How many feet? _____																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>20</td> <td></td> <td>Bentonite</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	CODE	PLUGGING MATERIALS	0	20		Bentonite																								
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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/yr) 5-20-2003 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 6-20-2003 under the business name of Geotechnical Services, Inc. by (signature) <i>[Signature]</i>																																				
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																				