

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

Location listed as:

Section-Township-Range: None Given

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

County: Sedgwick

Location changed to:

24-27S-1W

NW NW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well address, city map, and

Wichita West 1:24,000 topo. map.

initials: DR date: 3/3/2004

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.

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction 1/4 1/4 1/4	Section Number	Township Number	Range Number
--	--------------------------------	----------------	-----------------	--------------

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

2 WATER WELL OWNER: MILDRED RICHCREEK RR#, St. Address, Box #: 337 N. CUSTER City, State, ZIP Code : WICHITA KS 67203	Board of Agriculture, Division of Water Resources Application Number:
--	--

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td></tr> <tr><td style="text-align: center;">N W</td><td style="text-align: center;">X</td><td style="text-align: center;">N E</td><td> </td></tr> <tr><td style="text-align: center;">W</td><td> </td><td> </td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">S W</td><td> </td><td style="text-align: center;">S E</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td style="text-align: center;">S</td><td> </td><td> </td><td> </td></tr> </table>					N W	X	N E		W			E	S W		S E						S				4 DEPTH OF WELL..... 29ft. WELL'S STATIC WATER LEVEL..... 16ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 <u>Oil Field Water Supply</u></td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 <u>Lawn and Garden Only</u></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes....No..X. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..X.. No.....	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 <u>Oil Field 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.....
N W	X	N E																																			
W			E																																		
S W		S E																																			
S																																					
1 Domestic	5 Public Water Supply	9 Dewatering																																			
2 Irrigation	6 <u>Oil Field 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.....																																			

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter.....**5**.....in. Was casing pulled? Yes..... No..**X**... If yes, how much.....
Casing height above or below land surface..**3..FT. BELOW**in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..**QUICKCRETE**.....

Grout Plug Intervals: From **29**ft. to **3**ft., From.....ft. toft., 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 <u>Sewer lines</u>	7 Pit privy	12 Fertilizer storage	
3 <u>Watertight sewer lines</u>	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?**SOUTH**..... How many feet?**5**.....

FROM	TO	PLUGGING MATERIALS
29	3	QUICKCRETE
3	0	COMPACTED SOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....**9-23-03**..... 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)**9-23-03**..... under the business name of
by (signature) ..**Jerry Richcreek**.....

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.

RECEIVED

OCT 02 2003

BUREAU OF WATER