

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: None GivenFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____County: Sedgwick

Location changed to:

20-27S-1WNE SE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well owner's address, city map, andarea map on the internet, and Wichita West 1:24,000topo. map. initials: DR date: 10/13/2004

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:	Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>		$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			E/W

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

2	WATER WELL OWNER: <u>KENNETH WILSON- EXECUTOR OF ESTATE OF DORA E. LONG</u>
RR #, St. Address, Box #: <u>427 N. TYLER RD.</u>	
City, State, ZIP Code: <u>WICHITA</u>	
Board of Agriculture, Division of Water Resources Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>33</u> ft.												
		WELL'S STATIC WATER LEVEL ft.													
		WELL WAS USED AS:													
		<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><u>2 Irrigation</u></td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	<u>2 Irrigation</u>	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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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 No <u>X</u>															

5	TYPE OF BLANK CASING USED:										
<table border="0"> <tr> <td><u>1 Steel</u></td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>		<u>1 Steel</u>	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter <u>6</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much											
Casing height above or below land surface <u>30</u> in.											

6	GROUT PLUG MATERIAL: <u>1 Neat cement</u>	2 Cement grout	3 Bentonite	4 Other																				
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.																								
What is the nearest source of possible contamination:																								
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Direction from well? How many feet?																								

FROM	TO	PLUGGING MATERIALS

RECEIVED

AUG 26 2004

BUREAU OF WATER

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-19-2004</u> 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) <u>Kenneth W. Long EXECUTOR OF ESTATE OF DORA E. LONG</u>	

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.