

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

(to rectify lacking or incorrect information)

County: Sedgwick

Location listed as:

Section-Township-Range: None Given

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

Location changed to:

26-27S-1W

SE SE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: well owner's address, city street map,
and Wichita West 1:24,000 topo. map.

initials: DRL date: 9/21/2005

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>Sedgewick</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>Clay + Susan Johnson</u>
	RR #, St. Address, Box #: <u>1519 S. BEBE</u> City, State, ZIP Code: <u>Wichita, KS 67205</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>25</u> ft.												
		WELL'S STATIC WATER LEVEL <u>N/A</u> ft. <u>app 15'</u>													
		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>2 <u>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	2 <u>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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4 Industrial	8 Air Conditioning	12 Other													
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 <u>X</u> No															

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

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other <u>3</u>													
	Grout Plug Intervals:	From ft.	to ft.	From ft.	to ft.													
	What is the nearest source of possible contamination:																	
	<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	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	<u>16 Other (specify below)</u> <u>none</u> <u>TERMITE TREATMENT</u>	
1 Septic tank	6 Seepage pit	11 Fuel storage																
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	Direction from well?		How many feet?															

FROM	TO	PLUGGING MATERIALS
<u>25</u>	<u>3</u>	<u>Bentonite Grout</u>
<u>3</u>	<u>0</u>	<u>COMPACTED SOIL</u>

This was done by owner.

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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)
	by (signature) <u>done by owner Susan Johnson</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.