

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:

24-275-1W

NE NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Current Address of well owner believed to be
3536 W. 2nd St. N., Wichita, KS (the only Follin listed in
67203 area code)

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

initials: DPB date: 2/16/2006

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>Scagawell</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: MARK FALLIN

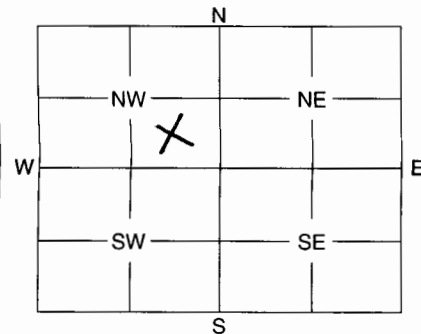
RR #, St. Address, Box #:

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:

4 DEPTH OF WELL 50 ft.WELL'S STATIC WATER LEVEL 20 ft.

WELL WAS USED AS:

- 1 Domestic
- 2 Irrigation
- 3 Feedlot
- 4 Industrial

- 5 Public Water Supply
- 6 Oil Field Water Supply
- 7 Domestic (Lawn & Garden)
- 8 Air Conditioning

- 9 Dewatering
- 10 Monitoring Well
- 11 Injection Well
- 12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No X.....
If yes, mo/day/yr sample was submittedWater Well Disinfected: Yes X..... No

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 in.6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 OtherGrout Plug Intervals: From 50 ft. to 3 ft., From ft. to ft., 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 Sewer lines 7 Pit privy 12 Fertilizer storage NONE
- 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? N/A How many feet? N/A

FROM	TO	PLUGGING MATERIALS
<u>50</u>	<u>3</u>	<u>CEMENT</u>
<u>3</u>	<u>0</u>	<u>COMPACTED SOIL</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-22-05 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 MARK FALLIN (HOME OWNER) by (signature)

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.