

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: None Given

24-27S-1W

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

SW SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: well address, city street map, and
mapping tool on KGS website.

initials: ARL date: 8/9/2006

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>SEDGWICK</u>	<u>NW 1/4 NW 1/4 N 1/4 W</u>						E/W																								
Distance and direction from nearest town or city street address of well if located within city? <u>237 S CUSTER</u>																																
2	WATER WELL OWNER: <u>GORDON K PRICE</u>																															
RR #, St. Address, Box #:		<u>237 S. CUSTER</u>		Board of Agriculture, Division of Water Resources																												
City, State, ZIP Code:		<u>WICHITA KS 67213</u>		Application Number:																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>30</u> ft.																												
N <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">NW</td> <td style="width: 33%; text-align: center;">NE</td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> </table> S			NW	NE		SW	SE		WELL'S STATIC WATER LEVEL <u>9</u> ft.																							
			NW	NE																												
			SW	SE																												
			WELL WAS USED AS:																													
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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:																															
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Blank casing diameter <u>1 1/2</u> in.																																
Casing height above or below land surface <u>3 FT BELOW</u> in.																																
6	GROUT PLUG MATERIAL: <u>Neat cement</u> 2 Cement grout 3 Bentonite 4 Other																															
Grout Plug Intervals: From <u>30</u> ft. to <u>3</u> ft., From ft. to ft., From to ft.																																
What is the nearest source of possible contamination:																																
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Direction from well? <u>SE</u> How many feet? <u>10</u>																																
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/26/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>7/26/06</u> This Water Well Record was completed on (mo/day/year) <u>7/26/06</u> under the business name of <u>Gordon K Price</u> by (signature) <u>Gordon K Price</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.																																