

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:

1-275-1W

NE NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

initials: DR date: 10/16/2007

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?

Northwest Wichita

2	WATER WELL OWNER: <u>Jonathan Pittsenbarger</u>
RR #, St. Address, Box #:	<u>2896 Halskad St</u>
City, State, ZIP Code	<u>Wichita KS 67204</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>30</u> ft.
		WELL'S STATIC WATER LEVEL <u>20</u> ft.	
		WELL WAS USED AS:	
		1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 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:
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 in. Was casing pulled? Yes No <u>X</u> If yes, how much	
Casing height above or below land surface <u>above</u> in.	

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Plug Intervals: From <u>0</u> ft. to <u>20</u> 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 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? <u>SE</u> How many feet? <u>40</u>	

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>20</u>	<u>Concrete</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/5/2007</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NONE</u> This Water Well Record was completed on (mo/day/year) <u>10/5/2007</u> under the business name of <u>NONE</u> by (signature) <u>[Signature]</u>
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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.