

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:

23-27 S-1 W

SW SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

initials: DRL date: 6/8/2009

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.

WATER WELL PLUGGING RECORD Form WWC-5P

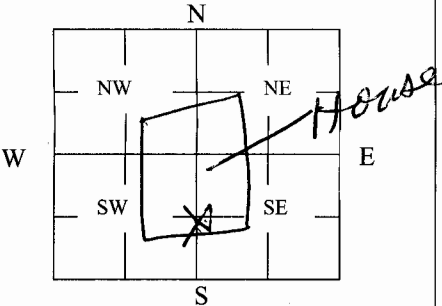
KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL County: <u>Sedgwick</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number	Township Number	Range Number E/W
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Distance and direction from nearest town or city street address of well if located within city?

340 N Sedgwick Young / South side of Basinet

2 WATER WELL OWNER: <u>NEVA Stevenson</u> RR#, St. Address, Box #: <u>340 Young</u> City, State ZIP Code: <u>Wichita KS</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>14</u> ft. WELL'S STATIC WATER LEVEL <u>6</u> 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>☐ 2 Irrigation</td> <td>☐ 6 Oil Field Water Supply</td> <td>☐ 10 Monitoring</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> Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒	☒ 1 Domestic	☐ 5 Public Water Supply	☐ 9 Dewatering	☐ 2 Irrigation	☐ 6 Oil Field Water Supply	☐ 10 Monitoring	☐ 3 Feedlot	☐ 7 Domestic (Lawn & Garden)	☐ 11 Injection Well	☐ 4 Industrial	☐ 8 Air Conditioning	☐ 12 Other _____
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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 2 in. Was casing pulled? Yes _____ No ☒ 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 Other Gravel/Sand
 Grout Plug Intervals: From 0 ft. to 5 ft., From _____ ft. to _____ ft., From 9 to 14 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	Direction from well? <u>West</u>
☐ 5 Cess pool	☐ 10 Livestock pens	☐ 15 Oil well/Gas well	How many feet? <u>20-30</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-20-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Owner. This Water Well Record was completed on (mo/day/year) _____ under the business name of NEVA Stevenson by (signature) X Neva M Stevenson.

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.