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: 17-27S-1W	17-27S-1W
Fraction (¼ ¼ ¼): None Given	SW NE NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

initials: DRK date: 5/3/2011

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.

Wm. Greg Davis 636-2147

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

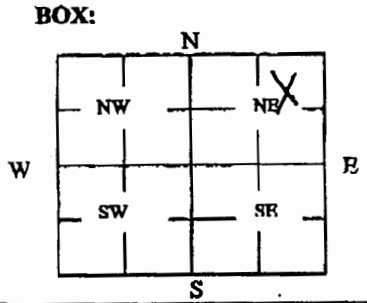
1 LOCATION OF WATER WELL: County: Sedgwick	Fraction 17 ¼ ¼ ¼	Section Number 27 S	Township Number 1	Range Number W E (W)

Distance and direction from nearest town or city street address of well if located within city?
1357 N Valleyview 67212

2 WATER WELL OWNER:
RR#, St. Address, Box #: ↑ same
City, State ZIP Code: Wichita KS

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude:
Longitude:
Elevation:
Datum:
Data Collection Method:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 35 ft.
WELL'S STATIC WATER LEVEL 15 ft
WELL WAS USED AS:

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

Was a chemical/bacteriological sample submitted to Department? Yes ____ No X

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 1½ in. Was casing pulled? Yes ____ No X If yes, how much ____
Casing height above or below land surface 0 in. level

6 GROUT PLUG MATERIAL: (1 Neat cement) 2 Cement grout 3 Bentonite 4 Other ____

Grout Plug Intervals: From 0 ft. to 35 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	Direction from well?
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet?

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	35	Cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-7-11 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) 4-7-11 under the business name of Jacobs, Marcellinus by (signature) Glenn Jacobs

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.