

County: Sedgwick Fraction SE NW SE SE Sec. 11 T 27 S R 1 E/W

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)

(to rectify lacking or incorrect information)

Owner: John W. Jost Estate

Location was listed as:

Section-Township-Range: None Given

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

Location changed to:

11 - 27 S - 1 W

SE NW SE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

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.

initials: DR date: 9/20/2012

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number	Township Number T S	Range Number ☐ E ☐ W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

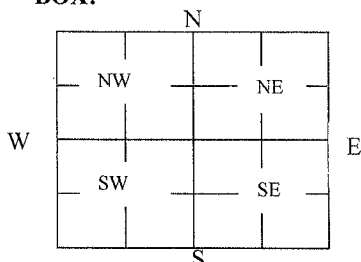
☐ GPS unit (Make/Model: _____)

☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: John W Jost Estate
RR#, St. Address, Box #: 1409 N. Sabin
City, State ZIP Code: Wichita, Ks 67212

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



4 DEPTH OF WELL 25 sandpoint ft.

WELL'S STATIC WATER LEVEL 22 ft

WELL WAS USED AS:

☒ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

☐ Dewatering
☐ Monitoring
☐ Injection Well
☐ Other _____

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

5 TYPE OF BLANK CASING USED:

☒ Steel
☐ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile

☐ Other (Specify below) _____

Blank casing diameter 1 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____

Casing height above or below land surface 1 in.

6 GROUT PLUG MATERIAL:

☒ Neat cement

☐ Cement grout

☐ Bentonite

☐ Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank
☒ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel Storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well

☐ Other (specify below) _____

Direction from well? West

How many feet? 55

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
25'	0'	Cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 07/29/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Home Owner. This Water Well Record was completed on (mo/day/year) _____ under the business name of _____ by (signature) Mark Jost Estate Administrator

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one:

☐ White Copy

☐ Blue Copy

☐ Pink Copy