

County: Shawnee Fraction: SE SE NE SE Sec. 30 T 10 S R 16 E

CORRECTION(S) TO WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)

Owner: Gregory S. Hanna

If location corrected, was listed as:

Location changed to:

Section-Township-Range: 30-10-16E

30-10S-16E

Fraction (1/4 calls): None Given.

SE SE NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Well site address & area road map, Shawnee County online parcel search, and mapping tool & aerial photos on KGS website. Initials: ORA Date: 2/5/2019

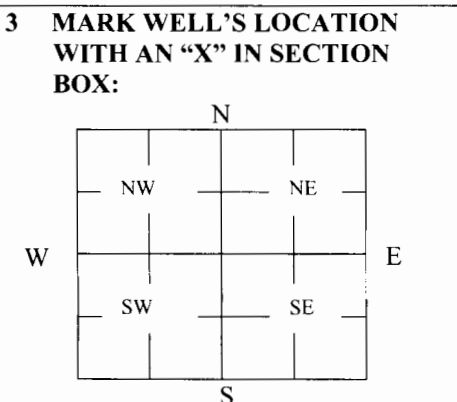
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Avenue, Lawrence, KS 66047-3724
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

1 LOCATION OF WATER WELL: County: Shawnee Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 30 Township Number 10 Range Number 16 EW

Distance and direction from nearest town or city street address of well if located within city?
5627 NW Topeka Blvd.

2 WATER WELL OWNER: Gregory S. Hanna
 RR#, St. Address, Box #: 7545 NW Mickel
 City, State ZIP Code: Topeka, KS 66618

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



4 DEPTH OF WELL 11 ft.
 WELL'S STATIC WATER LEVEL 7 ft.

WELL WAS USED AS:

<input checked="" type="checkbox"/> 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 <u>Abandoned</u>

Was a chemical/bacteriological sample submitted to Department? Yes _____ 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	<u>Concrete</u>

Blank casing diameter 96 in. Was casing pulled? Yes _____ No If yes, how much _____
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Flowable Fill / Concrete

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

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 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>East</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>11 ft</u>	<u>0</u>	<u>Flowable Fill / Concrete</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-30-18 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) 10-30-18 under the business name of _____ by (signature) [Signature]

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>.