

County: Sedgwick Fraction: SE NE SE NW Sec. 28 T 27 S R 1 E

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

Owner: Lonnie Hepner

If corrected, location was listed as:

Location changed to:

Section-Township-Range: \_\_\_\_\_

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

Other changes: Initial statements: Latitude: 8577.92, Longitude: 2244.42, NAD 83.

Changed to: Latitude: 37.674219, Longitude: -97.326501, WGS 84

Comments: \_\_\_\_\_

Verification method: Wellsite address, attached site map, latitude & longitude given by Google Earth, KGS' "LEOWEB" conversion tool, and mapping tool & aerial photos on KGS website. Initials: DRH Date: 12/20/2017

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

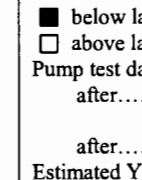
**Form WWC-5**

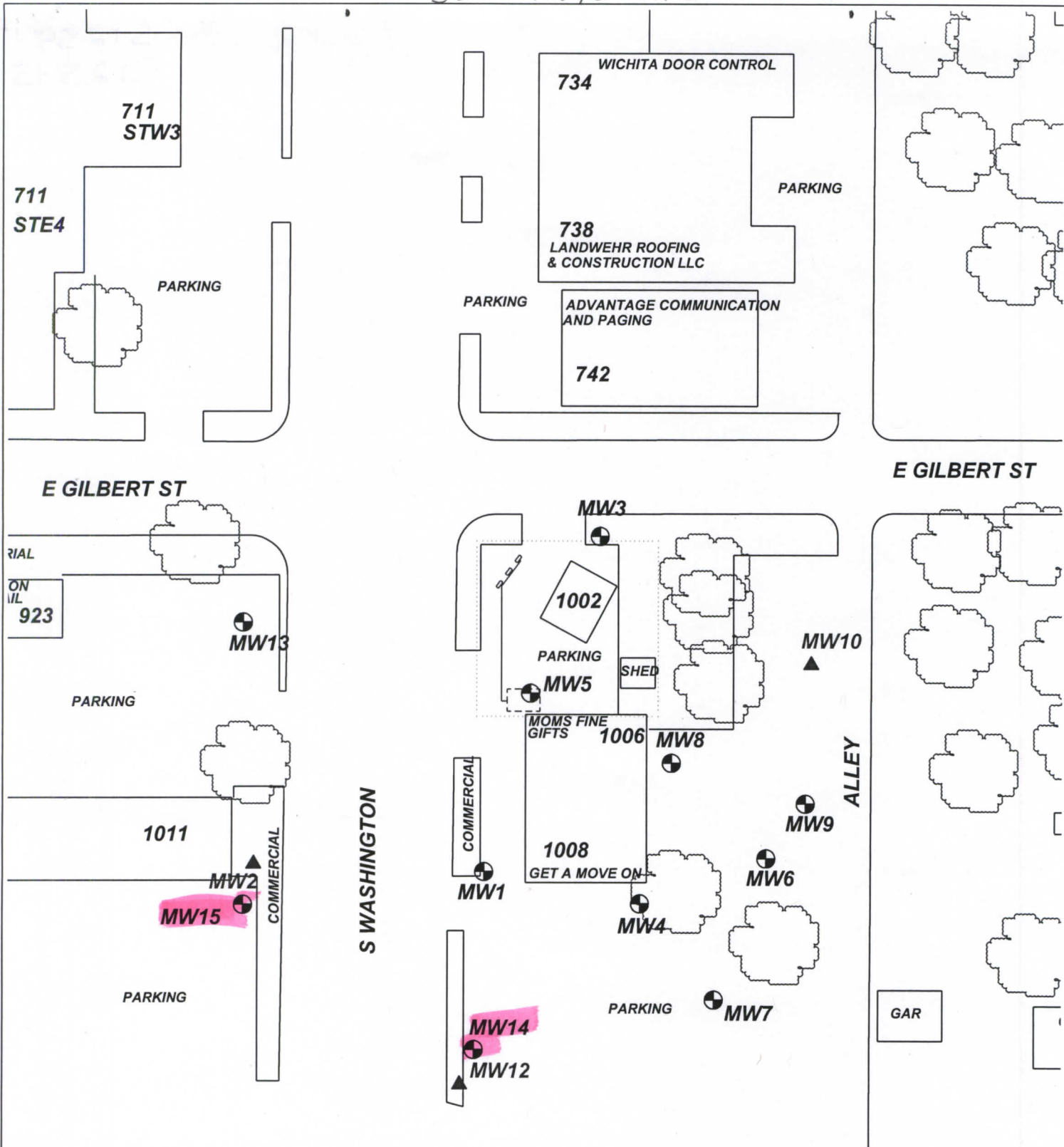
☒ Original Record    ☐ Correction    ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

MW15

<b>1 LOCATION OF WATER WELL:</b> County: SEDGWICK		Fraction SE¼ NE¼ SE¼ NW¼	Section Number <b>28</b>	Township Number T 27 S	Range Number R 01 E W
<b>2 WELL OWNER:</b> Last Name: HEPNER First: LONNIE Business: Address: 1002 S. WASHINGTON City: WICHITA State: KS ZIP: 67216		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <b>1011 WASHINGTON AVE.</b>			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  S -----1 mile-----	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 25 ..... ft. Depth(s) Groundwater Encountered: 1) ..... 15 ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... 15.15 ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr)..... 9/12/17... <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water was ..... ft. after..... hours pumping ..... gpm Well water was ..... ft. after..... hours pumping ..... gpm Estimated Yield: .....gpm Bore Hole Diameter: ..... in. to ..... ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> ..... 8577.92 ..... (decimal degrees) <b>Longitude:</b> ..... 2244.42 ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <input type="checkbox"/> GPS (unit make/model: ..... ) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....		
	<b>6 Elevation:</b> 1293.26 .....ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC <u>Source:</u> <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....				
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... MW15 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....					
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: ..... <b>Water well disinfected?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. .... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) <b>SCREEN-PERFORATED INTERVALS:</b> From .15..... ft. to 25..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From .13..... ft. to 25..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete Surface Completion 0 - 1 Grout Intervals: From 0..... ft. to 1..... ft., From .1..... ft. to 11..... ft., From ..... ft. to ..... ft. <b>Nearest source of possible contamination:</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) ..... Direction from well? ..... Distance from well? ..... ft.					
<b>10 FROM TO LITHOLOGIC LOG</b> 0 .5 GRAVEL .5 9 SILTY CLAY 9 25 SAND		<b>FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS</b>       			
		Notes:			
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 9/12/17..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585..... This Water Well Record was completed on (mo-day-year) 10/10/17..... under the business name of ASSOCIATED ENVIRONMENTAL INC. Signature _____ Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015					



**PROJECT:** LONNIE E HEPHNER

**ADDRESS:** 1002 WASHINGTON S

**LOCATION:** WICHITA, KS

**DRAWN BY:** B. STALNAKER **DATE:** 11/3/16

**REVISED BY:** S. JOHNSON **DATE:** 10/5/17

**AEI JOB #:** TF496 **KDHE JOB #:** U2-087-00588

**TITLE:**

**ASSOCIATED ENVIRONMENTAL INC.**

**LEGEND:**

□ = FORMER UST BASIN

▬ = FORMER PUMP ISLAND

● = MONITOR WELL

▲ = PLUGGED/DESTROYED WELL

..... = SUBJECT PROPERTY