

County: Sedgwick Fraction NE NE NW SW Sec. 20 T 28 S R 1 EW

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

(to rectify lacking or incorrect information)

Owner: Donna Hancock

Location was listed as:

Location changed to:

Section-Township-Range: None Given

20-28S-1E

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

NE NE NW SW

Other changes: Initial statements: 818 Hazel Wichita 67217

No owner's name give.

Changed to: 818 W. Hazel St., Wichita, KS 67217

Owner: Donna Hancock

Comments: _____

Verification method: Well site address, online phone directory, city street map, and mapping tool on KGS website.

initials: DRA date: 1/4/2016

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?

818 HAZEL Wichita 67217

2 WATER WELL OWNER:

RR#, St. Address, Box #:

City, State ZIP Code:

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: _____

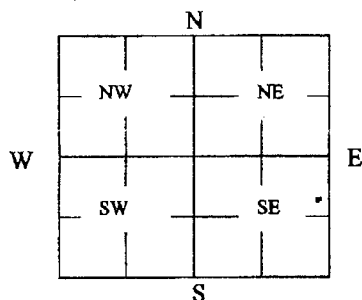
Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

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

4 DEPTH OF WELL 44' ft.WELL'S STATIC WATER LEVEL 11 ft

WELL WAS USED AS:

1 Domestic

2 Irrigation

3 Feedlot

4 Industrial

5 Public Water Supply

6 Oil Field Water Supply

7 Domestic (Lawn & Garden)

8 Air Conditioning

9 Dewatering

10 Monitoring

11 Injection Well

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 6 in. Was casing pulled? Yes _____ No X If yes, how much _____Casing height above or below land surface 3 in. Below

6 GROUT PLUG MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 Other _____

Grout Plug Intervals: From 11 ft. to 2.5 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? EAST

5 Cess pool

10 Livestock pens

15 Oil well/Gas well

How many feet? 1

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>44'</u>	<u>33'</u>	<u>Pea Gravel</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-20-15 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) 9-20-15 under the business name of Donna L. Hancock by (signature) Donna L. Hancock

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>.