

County: Sumner Fraction: SNE, NE, SE Sec. 5 T. 30 S R. 2 EW

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

Owner: Herbert Munhollen PWS 3

If location corrected, was listed as:

Section-Township-Range: 5-30S-2E

Fraction (1/4 calls): SE 1/4, SE 1/4

Location changed to:

5-30S-2E

S 1/2, NE 1/4, NE 1/4, SE 1/4

Other changes: Initial statements: _____

Changed to: _____

Comments: Mulvane Mobile Home Park PWS Well #3 (W. of PWS #4)
Lat. 37.468759° Long. -97.223328° (H.D. NAD 83)

Verification method: KDHE/BOW/PWS section database and on-site obs. 11/13/16

Initials: PKC Date: 11/1/16

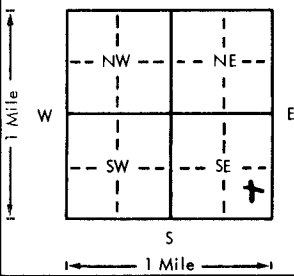
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

"AMMENDED RECORD" 5-4-78

1. Location of well:		County Sumner	Fraction 1/4 SE 1/4 SE 1/4	Section number 5	Township number T 30 S R 2E E/W	Range number 2E
2. Distance and direction from nearest town or city: #3 3/4 South of the Sedgwick Street address of well location if in city: County Line and 3/4				3. Owner of well: Herbert Munhollen P.O. Box 28 Mulvane, Kansas City, state, zip code:		
4. Locate with "X" in section below: Sketch map: East of the East Side of Mulvane, Kansas				6. Bore hole dia. 12 in. Completion date 12-12-77 Well depth 40 ft.		
				7. <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
5. Type and color of material				8. Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 30 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 3.62 lbs./ft. Dia. 6 in. to 40 ft. depth Wall thickness inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 280		
				10. Screen: Manufacturer's name PVC Sch 40 NSF Approved Type PVC Dia. 6" Slot/groze 1/4" .06 Length 15' Set between 25 ft. and 40 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2-1/8"		
				11. Static water level: 25 ft. below land surface Date 12-12-77 mo./day/yr.		
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date		
				14. Well head completion: 30 capped <input type="checkbox"/> Pitless adapter ____ inches above grade		
				15. Well grouted? yes 1-2 fine sand mix With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 20 ft.		
				16. Nearest source of possible contamination: Sewer ft. 90 Direction East Type Line Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Nat installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Harp Well & Pump 236 Business name Wichita, Kansas License No. _____ Address _____ Signed M. Arnold Date 2-15-78 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

30-20-5-SESE
1/4 1/4 1/4



Please submit to: Kansas Department of Health & Environment
Bureau of Water - Geology & Well Technology Section
1000 S.W. Jackson Street, Suite 420
Topeka, Kansas 66612-1367

INACTIVE WATER WELL REQUEST FORM WWC-6

In accordance with K.A.R. 28-30-7(f), Landowners may obtain written approval from KDHE to maintain wells in an inactive status rather than being plugged if the landowner can present evidence to KDHE as to the condition of the well and as to the landowner's intentions to use the well in the future. As evidence of intentions, the owner shall be responsible for properly maintaining the well in such a way that:

- The well and the annular space between the hole and the casing shall have no defects that will permit the entrance of surface water or vertical movement of subsurface water into the well;
The well is clearly marked and is not a safety hazard;
The top of the well is securely capped in a watertight manner and is adequately maintained in such a manner as to prevent easy entry by other than the landowner;
The area surrounding the well shall be protected from potential sources of contamination within a 50 foot radius;
If the pump, motor or both, have been removed for repair, replacement, etc., the well shall be maintained to prevent injury to the people and to prevent the entrance of any contaminants or other foreign materials;
The well shall not be used for disposal or injection of trash, garbage, sewage, wastewater or storm runoff; and
The well shall be easily accessible to routine maintenance periodic inspection.

INSTRUCTIONS: Please provide the following information for the inactive well. Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Fill in all blanks, underline/circle correct answers, and attach photographs of the well.

1. LOCATION OF WATER WELL: Fraction Section # Township # Range #
County: Sumner S 1/2 NE 1/4 NE 1/4 SE 1/4 5 T 30 S R 2 E W

2. WATER WELL OWNER: Bruce Simpson Phone number: 832-458-0515
Address: 23407 Harpergate Dr. City, State, and Zip Code: Spring, TX 77373
E-mail: Bruce Simpson <bknuckle47@gmail.com>

3. WATER RIGHT FILE No.: 30179 4. DEPTH OF COMPLETED WELL: 40 ft.

5. WELL'S STATIC WATER LEVEL: 25 ft. Mulvane Mobile Home Park

6. WELL PREVIOUSLY USED AS: 5 Public Water Supply 8. Geothermal 11. Livestock Well
1. Domestic 3. Feedlot 6. Dewatering 9. Dewatering 12. Other (below)
2. Irrigation 4. Industrial 7. Lawn and Garden 10. Environmental PWS #3

7. TYPE OF BLANK CASING USED:
1. Steel 3. RMP (SR) 5. Wrought Iron 7. Fiberglass 9. Other (below)
2. PVC 4. ABS 6. Asbestos-Cement 8. Concrete Tile

8. GROUT MATERIAL: 1. Neat Cement 2. Cement Grout 3. Bentonite 4. Other
Grout Intervals: From 0 ft. To 20 ft. From ft. To ft.

9. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
1. Septic Tank 4. Lateral Lines 7. Pit Privy 10. Livestock Pens 14. Abandoned Water Well
2. Sewer Lines 5. Cesspool 8. Sewage Lagoon 11. Fuel Storage 15. Oil Well/Gas Well
3. Watertight Sewer Lines 6. Seepage Pit 9. Feedlot 12. Fertilizer Storage 16. Other (specify below)
13. Insecticide Storage

10. WELL ORIGINALLY CONSTRUCTED BY:
(Driller's Name): Harp Well & Pump Address:
City, State, and Zip Code: Wichita, KS Water well record (WWC-5 Form) attached: Y/N

11. DATE WELL PLACED ON INACTIVE STATUS: June 1, 2016

12. ESTIMATED REACTIVATION DATE: 11/09/2017

I certify this water well currently in compliance with all applicable requirements for inactive wells and agree to maintain the well in accordance with K.A.R. 28-30-7(f) until such time well is either reactivated or plugged.

Signature of Well Owner: Bruce Simpson

RECEIVED

NOV 15 2016

BUREAU OF WATER