

County: Sumner Fraction: ^{W2}WSE, NE, 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 Munkollen

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

W 1/2, SE 1/4, NE 1/4, NE 1/4, SE 1/4

Other changes: Initial statements: _____

Changed to: _____

Comments: Mulvane Mobile Home Park PWS Well #4 (E-most well)

Lat. 37.468741°; Long. -97.223112° (H.D. NAD83)

Verification method: KDHE / BOW / PWS section data base and on-site confirmation. 10/13/16

Initials: PKC Date: 11/7/16

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

To BWS 5-10-78

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	Range number 2E E/W
2. Distance and direction from nearest town or city: #4 Street address of well location if in city: 3/4 South of the Sedgwick County Line and			3. Owner of well: Herbert Munhollen R.R. or street: P.O. Box 28 City, state, zip code: Mulvane, Kansas			
4. Locate with "X" in section below: Sketch map: 3/4 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"/> Cable tool <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 30 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 3.62 lbs./ft. RMP: 6 PVC <input checked="" type="checkbox"/> Weight 3.62 lbs./ft. Dia. 6 in. to 40 ft. depth Wall Thickness: 1/8 or Dia. 6 in. to 40 ft. depth gage No. 280			
			10. Screen: Manufacturer's name PVC Sch 40 NSF Approved Type PVC Dia. 6" Slot/gauze //// Length 15' Set between 25 ft. and 40 ft. ft. and 40 ft. Gravel pack? yes Size range of material 1/4-1/8"			
			11. Static water level: 25 ft. below land surface Date 12-12-77			
			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: ____ Neat cement ____ Bentonite ____ 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"/> Not 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						

T 30 S R 2E W 5 SE SE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

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 SE ¼ NE ¼ NE ¼ SE ¼ Section # 5 Township # T 30 S Range # 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
1. Domestic 3. Feedlot 6. Dewatering 8. Geothermal 11. Livestock Well
2. Irrigation 4. Industrial 7. Lawn and Garden 10. Environmental 12. Other (below)
PWS #4

7. **TYPE OF BLANK CASING USED:**
 2. PVC 3. RMP (SR) 5. Wrought Iron 7. Fiberglass 9. Other (below)
1. Steel 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:**
 2. Sewer Lines 4. Lateral Lines 7. Pit Privy 10. Livestock Pens 14. Abandoned Water Well
1. Septic Tank 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.

Bruce Simpson
Signature of Well Owner

RECEIVED
NOV 15 2016
BUREAU OF WATER