

County: Sumner Fraction: SE, NE, SE, SE, NE Sec. 5 T. 30 S R. 2 ~~1~~

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

Owner: Mulvane Mobile Home Park

If location corrected, was listed as: _____ Location changed to: _____

Section-Township-Range: 4-30S-2E | 5-30S-2E

Fraction (¼ calls): NW¼, SW¼, NW¼ | SE¼, NE¼, SE¼, SE¼, NE¼

Other changes: Initial statements: no address or directions to well provided.

Changed to: well near fence & S. ~~side~~ side of W-end of mobile home at 1459 N. Webb Rd, Mulvane, KS.

Comments: Lat. 37.470678°; Long. -97.222320°

Verification method: on-site confirmation by KDHE/BOW & Herb Janzen. Google Earth (A. Datum WGS 84) 10/13/16

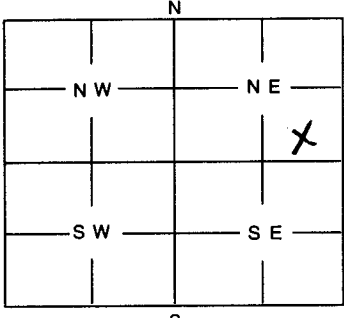
Initials: PKC Date: 11/2/16

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

1	LOCATION OF WATER WELL: County: <u>Sumner</u>	Fraction <u>NW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>4</u>	Township Number <u>30</u>	Range Number <u>R2E</u>
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Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: <u>Mulvane Mobile Home Park</u> RR #, St. Address, Box #: <u>1455 N. Webb Rd.</u> City, State, ZIP Code : <u>Mulvane, KS 67110</u>	Board of Agriculture, Division of Water Resources Application Number: <u>18086</u>
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL <u>31</u> ft WELL'S STATIC WATER LEVEL <u>20</u> ft WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 <u>Public Water Supply</u> 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>
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5	TYPE OF BLANK CASING USED: 1 Steel <u>2 PVC</u> 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)	Blank casing diameter <u>6</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other
Grout Plug Intervals: From <u>31</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>0</u> ft., From to ft.	
What is the nearest source of possible contamination: 1 Septic tank <u>2 Sewer lines</u> 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)	
Direction from well? <u>North</u> How many feet? <u>30 ft+</u>	

FROM	TO	PLUGGING MATERIALS
<u>31</u>	<u>3</u>	<u>Bentonite 4.67 Cuft</u>
<u>3</u>	<u>0</u>	<u>Clay + Silt</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11-14-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1-29-07</u> under the business name of <u>Mulvane Mobile Home Park</u> This Water Well Record was completed on (mo/day/year) <u>11-14-06</u> by (signature) <u>Mark Jansen</u>
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INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.