

County: Sumner Fraction: NWNE, SE Sec. 5 T. 30 S R. 2 (B/W)

**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:

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

Fraction (1/4 calls): NW1/4, SW1/4, NW1/4

Location changed to:

5-30S-2E

NW1/4, NE1/4, NE1/4, SE1/4

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

Changed to: Well in side yard, S. of shed at 1479 E. Martin Lane, Mulvane, KS.

Comments: Lat. 37.469086° ; Long. -97.224126°

Verification method: on-site confirmation by KDHE/BOW and Herb Janzen. Google Earth (H.D WGS 84) 10/13/16

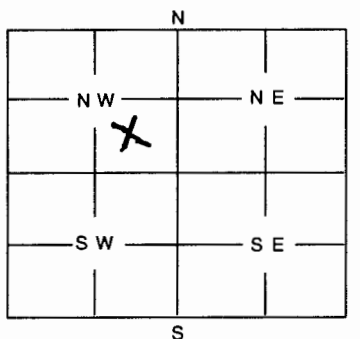
Initials: PKC Date: 11/2/16

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>R 2 E</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: Mulvane Mobile Home Park  
 RR #, St. Address, Box #: 1455 N. Webb Rd  
 City, State, ZIP Code : Mulvane, Ks. 67110  
 Board of Agriculture, Division of Water Resources  
 Application Number: 18086

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	4	DEPTH OF WELL ..... <u>30</u> ..... ft WELL'S STATIC WATER LEVEL ..... <u>12</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 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 ..... 36 ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Plug Intervals: From 30 ft. to 3 ft., From 3 ft. to 0 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 .....  
 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well .....  
 Direction from well? North ..... How many feet? 25 ft .....

FROM	TO	PLUGGING MATERIALS
<u>30 ft</u>	<u>3 ft</u>	<u>Bentonite 4.0 Cu Ft</u>
<u>3 ft</u>	<u>0 ft</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) 11-14-06 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) 1-29-07 under the business name of Mulvane Mobile Home Park by (signature) Paul Jansen

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.