

County: Reno Fraction: SW NE SW NW Sec. 18 T. 23 S R. 4 W

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

Owner: Barbara Spencer

If location corrected, was listed as:

Section-Township-Range: none

Fraction (¼ calls): none

Location changed to:

18-23-4W

SW NE SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: per email from Pam Chaffee (KDHE) and aerial of property provided by Kyle Strope with Reno County. verified with KGS mapper.

Initials: SH Date: 10-11-2021

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
☐ 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: _____ Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>	Fraction <div style="display: flex; justify-content: space-around;"> 1/4 1/4 1/4 1/4 </div>	Section Number _____	Township Number <div style="display: flex; justify-content: space-around;"> T S </div>	Range Number <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> E <input type="checkbox"/> W </div>
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Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method: _____
☐ GPS unit (Make/Model: _____)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: <i>Barbara Spencer</i> RR#, St. Address, Box #: <i>12 Terry Lane</i> City, State ZIP Code: _____	4 DEPTH OF WELL <u>25</u> ft. WELL'S STATIC WATER LEVEL <u>3</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width:30%;"> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div style="width:30%;"> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div style="width:30%;"> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/>
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

NW	NE
X	
SW	SE

 S
 W E

5 TYPE OF BLANK CASING USED:

☐ Steel
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos-Cement

☐ Fiberglass
☐ Concrete Tile

☐ Other (Specify below) _____

 Blank casing diameter 6 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 1 ft
 Casing height above or below land surface 48 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other Sand
 Grout Plug Intervals: From 25 ft. to 4 ft., From _____ ft. to _____ ft., From _____ to _____ ft.
 What is the nearest source of possible contamination:

☒ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel Storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well

☐ Other (specify below) _____
 Direction from well? _____
 How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-4-12 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) _____ under the business name of _____ by (signature) *[Signature]*

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: ☐ White Copy ☐ Blue Copy ☐ Pink Copy



Reno County Health Department
209 W 2nd Hutchinson KS 67501 Phone: 620-694-2900 Fax: 620-665-8883

Address: 12 N Terry Lane City/State/Zip: Hutchinson/KS/67501

Property Owner: Dennis and Barbara Spencer PID: 0781441802003003000

Map and Measurements are for sanitation code purposes only.

