

County: Sedgwick Fraction: NW NW NW SE Sec. 17 T 27 S R 1 W

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

Owner: Mike Shickell

If location corrected, was listed as:

Location changed to:

Section-Township-Range: None Given

17-27S-1W

Fraction (¼ calls): _____

NW NW NW SE

Other changes: Initial statements: Lat.: 37° 42' 02" N.

Long.: 97° 27' 10" W

Changed to: Lat.: 37.70077

Long.: -97.45312 WGS84

Comments: Lat./Long. were determined by placing cursor on center of house at the given address on KGS' online mapping tool.

Verification method: Corrected latitude & longitude, KGS' "LEOWEB" conversion tool, wellsite address and city street map, Sedgwick County online parcel search, and KGS' online mapping tool. Initials: DRK Date: 9/10/2018

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Avenue, 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: <u>Sedgwick</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number _____ Township Number <u>T</u> <u>S</u> Range Number <input type="checkbox"/> E <input type="checkbox"/> W | Global Positioning Systems (GPS) information: Latitude: <u>37° 42' 02" N</u> (in decimal degrees) Longitude: <u>97 27 10 W</u> (in decimal degrees) Elevation: <u>441 m</u> Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Google Maps</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m | | | | | | | | | | | | | | | | | | |
|--|---|---|------|----|--------------------|------|----|--------------------|---|----|-----------------|--|--|--|----|----|------------|--|--|--|
| 2 WATER WELL OWNER: Mike Shuckell RR#, St. Address, Box #: <u>989 N Westlink Ave</u> City, State ZIP Code: <u>Wichita KS 67212</u> | | | | | | | | | | | | | | | | | | | | |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div> | 4 DEPTH OF WELL <u>32</u> ft. WELL'S STATIC WATER LEVEL <u>16</u> ft WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div> <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> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input checked="" type="checkbox"/> Other <u>Never Used</u> </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile Blank casing diameter <u>1 1/4</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>32'</u> Casing height above or below land surface <u>12</u> in. <u>Below Concrete Floor</u> | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Hyd Cement</u> Grout Plug Intervals: From <u>0</u> ft. to <u>32</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input checked="" type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool </div> <div> <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens </div> <div> <input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well </div> <div> <input type="checkbox"/> Other (specify below) _____ Direction from well? <u>West</u> How many feet? <u>4'</u> </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>30</td> <td>10 Bags of Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30</td> <td>32</td> <td>Hyd Cement</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><u>Well was located in Basement of House. Casing was pulled and filled in Hyd Cement was used to seal and well was never used in the last 15 years of ownership.</u></p> | | | FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS | 0 | 30 | 10 Bags of Sand | | | | 30 | 32 | Hyd Cement | | | |
| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS | | | | | | | | | | | | | | | |
| 0 | 30 | 10 Bags of Sand | | | | | | | | | | | | | | | | | | |
| 30 | 32 | Hyd Cement | | | | | | | | | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/12/18</u> 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) <u>Michael J. Shuckell</u> <u>7/12/18</u> | | | | | | | | | | | | | | | | | | | | |
| 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 . | | | | | | | | | | | | | | | | | | | | |