County: Seagwick Fraction: SW NE SL	0 ME Sec. 27 1 2/5 R 2							
CORRECTION(S) TO WATER WELL COMPLETION RECORD	Form WWC-5 (to rectify lacking or incorrect information)							
Owner: Don Hansen								
If location corrected, was listed as:	Location changed to:							
Section-Township-Range: 3/-285-3E	24-275-2W							
Fraction (1/4 calls): SE SE NE NU	SW NE SW NE							
Other changes: Initial statements:								
Changed to:								
Comments: well is at well owner	's address.							
Verification method: Communication with well a	Iriller's office, city street map,							
Sedawick County online parcel 5	earch, and mapping tool &							
Verification method: Communication with well a Sedawick County online parcel su aerial photos on KGS website.	Initials: Date: 6/27/20/8							
Submitted by: Kansas Geological Survey, Data Resources Library, 1	930 Constant Avenue, Lawrence, KS 66047-3724							
Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Toneka, KS 66612-1367								

(01/26/2018)

		RECORD Correction		WWC-5		ision of Water ources App. No	1 1	Well ID		
1 LOCA	TION OF V	VATER WEI	L: Chang	Fraction		tion Number				
Count	v: Se do	wick.	JE	SE 1/4 SE 1/4 NE 1/4		31	T 28 S	R 3 E W		
County: Se Jajurick SE ¼ SE ¼ NE ¼ NW ¼ 31 T 28 S R 3 ■ E □ W 2 WELL OWNER: Last Name: HANSON First: DON Street or Rural Address where well is located (if unknown, distance and										
	Business: direction from nearest town or intersection): If at owner's address, check here:									
Address: 458 NORTH JAAX CT.										
City:										
3 LOCAT		4 DEPTH	OF CON	MPLETED WELL:	100 ft	5 Latitu	do·	(decimal degrees)		
WITH '	'X" IN ON BOX:			Encountered: 1)						
1	JN BUA: N	2)	ft.	3) ft., or 4) <u>□</u>	Dry Well	Longitude:				
 				TER LEVEL:53		Source for Latitude/Longitude:				
X	NE	above 1	and surface	e, measured on (mo-day-	/r)	GPS (unit make/model:)				
NW 2	NE			vater was ft		(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
w -	 		after hours pumping gpm				Online Mapper:			
sw	SE			water was ft						
		Estimated V	/ield: 20 :	s pumping tgpm	-	6 Elevat	6 Elevation:ft. ☐ Ground Level ☐ TOC			
	S	Bore Hole	Diameter:	10.5 in to 100	. ft. and	Source: Land Survey GPS Topographic Map				
	mile			in. to	ft.		☐ Other			
1		O BE USED		. 0 1 1115		10 🗖 0''	E' I I II V . C . I . I			
1. Domestic				ater Supply: well ID ng: how many wells?		10. Oil Field Water Supply: lease				
	& Garden			echarge: well ID			ed Uncased 0			
Livest		8.] Monitorin	ng: well ID			ermal: how many bores			
2. 🔲 Irrigat				al Remediation: well ID			sed Loop Horizont			
3. ☐ Feedle 4. ☐ Indust] Air Sparg] Recovery		xtraction			scharge Inj. of Water		
					/ = N/-					
		eriological sai ? = Yes []		nitted to KDHE? 🔲	res No	ir yes, date	sample was submitte	ed:		
Q TVPF	DE CASINO	C HSED.	teel PV	/C □ Other	CASI	NG IOINTS:	■ Glued □ Clampe	d □ Welded □ Threaded		
Casing dian	neter5	in. to	100 ft.	, Diameter	in. to	ft., Diame	eter in. to	ft.		
Casing diameter 5 in to 100 ft., Diameter in to ft., Diameter in to SDG-26. Casing height above land surface 14 in Weight Ibs/ft. Wall thickness or gauge No. SDG-26.										
3		R PERFORA					··· (C : C.)			
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
SCREEN OR PERFORATION OPENINGS ARE:										
	nuous Slot	Mill Slot					☐ Other (Specify)			
Louv	ered Shutter	☐ Key Punc	hed 🔲 V	Vire Wrapped Sav	v Cut N	lone (Open Ho	ole)			
SCREEN-PERFORATED INTERVALS: From60										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other										
Nearest sou	arce of possi	ole contaminat	ion:							
☐ Septic			Lateral Line			Livestock Pen		cide Storage		
☐ Sewer	Lines tight Sewer L		Cess Pool Seepage Pit	☐ Sewage Lag		Fuel Storage Fertilizer Stor		oned Water Well ell/Gas Well		
Other (Specify)										
☐ Other (Specify) Direction from well? WEST Distance from well? .64' ft.										
10 FROM	TO		LITHOLO	GIC LOG	FROM	TO	LITHO, LOG (cont.) or	PLUGGING INTERVALS		
0	8	TOP SOIL CLAY								
8	100	SHALE								
	1.00	J. W.LL								
					Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or, plugged										
under my jurisdiction and was completed on (mo-day-year). 9/5/17										
Kansas Wa	ater Well Co	ontractor's Lic	ense No. 🤄	884 This Wa	ter Well Rec	ord was com	pleted on (mo-day-ye	ear)		
under the t	ousiness nan	ne of .vy⊏inin	くいけいこう	JLWING	S1	gnature				
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.										
Visit us at			,		KSA 82a-12			Revised 7/10/2015		