

County: Dickinson Fraction NE NE NE NW Sec. 1 T 14 S R 2 EW

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

Owner: Tom Nogle

Location was listed as:

Location changed to:

Section-Township-Range: 1-145-2W

1-145-2E

Fraction ( $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ ): NE

NE NE NE NW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

Verification method: well site address, area road map, Dickinson County online parcel search, and mapping tool & aerial photos on KGS website. initials: DR date: 11/20/2014

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: 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.**

<b>1 LOCATION OF WATER WELL:</b> County: <u>Dickinson</u>	Fraction <u>NE</u> ¼ ¼ ¼ ¼	Section Number <u>1</u>	Township Number T <u>14</u> S	Range Number <u>2</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
--	-------------------------------	----------------------------	----------------------------------	---

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here   
1242 1900 Ave. Abilene, KS 67410

**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:** Tom Doyle  
RR#, St. Address, Box #: 1008 W. 1st  
City, State ZIP Code: Abilene, KS 67410

<p><b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:25px; height:25px; text-align: center;">NW</td> <td style="width:25px; height:25px; text-align: center;">NE</td> </tr> <tr> <td style="width:25px; height:25px; text-align: center;">SW</td> <td style="width:25px; height:25px; text-align: center;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">W <span style="margin-left: 100px;">E</span></p> </div> <p style="text-align: center; margin-top: 10px;">X</p>	NW	NE	SW	SE	<p><b>4 DEPTH OF WELL</b> <u>8</u> ft.</p> <p>WELL'S STATIC WATER LEVEL <u>no water</u></p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____
NW	NE																
SW	SE																
<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering															
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring															
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well															
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____															

**5 TYPE OF BLANK CASING USED:**

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> Other (Specify below)
<input type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	<u>Stone</u>

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_  
Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other no grout

Grout Plug Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0ft	8ft	<u>dirt and gravel</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-21-14 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) 8-11-14 under the business name of Boyd Excavating Inc. by (signature) Boyd Boyd

**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>.