

County: Johnson Fraction: SE, NW, NE, NE Sec. 26 T. 14 S R. 22 E

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

Owner: Maureen Kratzer Cistern/HD Well?

If location corrected, was listed as:

Section-Township-Range: not provided

Location changed to:

26-14S-22E

Fraction (¼ calls): not provided

SE, NW, NE, NE

Other changes: Initial statements: Lat/long coordinates & horizontal datum not provided. SWL not reported.

Changed to: Lat. 38.809568 deg N, Long. -94.930652 deg W, WGS84

Comments: Used measurements provided in Google Earth to confirm top of cistern.

Verification method: Confirmed location with Leo DeBrabander, Google Earth and STR Finder.

Initials: PKC Date: 7/6/2021

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:	Fraction 1/4 1/4 1/4 1/4	Section Number	Township Number T S	Range Number E W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☒ 131' North of Warren St.
67' East of OAK St.

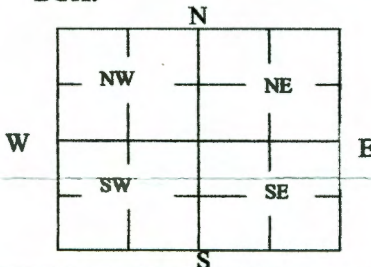
Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)
Longitude: _____ (in decimal degrees)
Elevation: _____
Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
Collection Method:

2 WATER WELL OWNER: Maureen Kratzer
RR#, St. Address, Box #: 154 W. Warren St.
City, State ZIP Code: Gardner, KS. 66030

☐ GPS unit (Make/Model: _____)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 18' ft.

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

☐ Domestic ☒ Public Water Supply ☐ Dewatering
☐ Irrigation ☐ Oil Field Water Supply ☐ Monitoring
☐ Feedlot ☐ Domestic (Lawn & Garden) ☐ Injection Well
☐ Industrial ☐ Air Conditioning ☐ Other _____

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☐

5 TYPE OF BLANK CASING USED:

☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☒ Other (Specify below)
☐ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile 20' diameter Hand dug brick Cistern/well

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 _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank ☐ Seepage pit ☐ Fuel storage ☐ Other (specify below)
☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage
☒ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage
☐ Lateral lines ☐ Feedyard ☐ Abandoned water well Direction from well? East
☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well How many feet? 15' ±

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
3'	0	Removed 3' of grade/soil			
4'	3'	Top Soil	Finish grade		
8'	4'	Clay Soil	Top Soil		
11'	8'	AB3	AB3		
18'	11'	1/2" Clean Rock/gravel	1/2" Rock		

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-4-21 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) 6-12-21 under the business name of Individual - Leo DeBrabander by (signature) L L Bell

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.

Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015