County: Lyon Fraction: S2, NW, SW, SE Sec. 20 T. 16 S R. 12 E

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

**Owner:** Admire Methodist Church Cistern plugged

| **If location corrected, was listed as:** | **Location changed to:** |
|---|---|
| Section-Township-Range: | |
| Fraction (¼ calls): none given | S2, NW, SW, SE |

**Other changes:** Initial statements: SWL reported as 2 ft. Plugging materials & intervals not reported. Description of cistern location not provided.

Changed to: Only 2 ft water in cistern, so SWL 6 ft. Sand 8 - 5 ft, bentonite 5 - 4.5 ft, clay/soil 4.5 - 0 ft. Cistern approximately 50 feet W of SW corner of Church under tree canopy.

Comments:

Verification method: Used USDA NRCS info attached to WWC-5 and confirmed with John D. Orear of Orear Construction, LLC.

Initials: PKC Date: 11/30/2021

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

(rev 01/26/2018)

# WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____ Well ID _____

☒ Original Record ☐ Correction ☐ Change in Well Use

**1 LOCATION OF WATER WELL:** County: Lyon | Fraction: ¼ ¼ ¼ ¼ | Section Number: | Township Number: T 20 S | 16 | Range Number: R 12 ☐ E ☐ W

**2 WELL OWNER:** Last Name: | First: | Business: Admire Methodist Church | Address: | Address: | City: admire | State: KS | ZIP: 66830

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☒

5th & Market

**3 LOCATE WELL WITH "X" IN SECTION BOX:** N / W / E / S; NW, NE, SW, SE; X in SE; |---------1 mile---------|

**4 DEPTH OF COMPLETED WELL:** 8 ft.

Depth(s) Groundwater Encountered: 1) ____ ft. 2) ____ ft. 3) ____ ft., or 4) ☒ Dry Well

WELL'S STATIC WATER LEVEL: 2 ft.

☒ below land surface, measured on (mo-day-yr) 5/3/21

☐ above land surface, measured on (mo-day-yr)____

Pump test data: Well water was ____ ft. after____ hours pumping ____ gpm

Well water was ____ ft. after____ hours pumping ____ gpm

Estimated Yield: ____gpm

Bore Hole Diameter: ____ in. to ____ ft. and ____ in. to ____ ft.

**5 Latitude:** ____(decimal degrees)

**Longitude:** ____(decimal degrees)

Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27

Source for Latitude/Longitude:

☐ GPS (unit make/model: ____) (WAAS enabled? ☐ Yes ☐ No)

☐ Land Survey ☐ Topographic Map

☐ Online Mapper: ____

**6 Elevation:** ____ft. ☒ Ground Level ☐ TOC

Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other ____

**7 WELL WATER TO BE USED AS:**

1. Domestic: ☒ Household ☐ Lawn & Garden ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID ____
6. ☐ Dewatering: how many wells? ____
7. ☐ Aquifer Recharge: well ID ____
8. ☐ Monitoring: well ID ____
9. Environmental Remediation: well ID ____ ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease ____
11. Test Hole: well ID ____ ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? ____ a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): ____

**Was a chemical/bacteriological sample submitted to KDHE?** ☐ Yes ☒ No If yes, date sample was submitted: ____

Water well disinfected? ☒ Yes ☐ No

**8 TYPE OF CASING USED:** ☐ Steel ☐ PVC ☐ Other Brick cement CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter 72 in. to ____ ft., Diameter ____ in. to ____ ft., Diameter ____ in. to ____ ft.

Casing height above land surface 6 in. Weight ____ lbs./ft. Wall thickness or gauge No. 6

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☒ Other (Specify) cistern sealed

☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☒ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☒ Other (Specify) sealed

☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☒ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From ____ ft. to ____ ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

GRAVEL PACK INTERVALS: From ____ ft. to ____ ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other ____

Grout Intervals: From ____ ft. to ____ ft., From 4.5 ft. to 5 ft., From ____ ft. to ____ ft.

**Nearest source of possible contamination:**

☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage

☒ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well

☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well

☐ Other (Specify) ____

Direction from well? east 30' Distance from well? ____ ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---|---|---|---|---|---|
| | | | | | |

**Notes:** cistern deteriorated did not hold water

**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) 10/25/21 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) 11/25/21 under the business name of Orear Construction Signature John D. Orear

Mail 1 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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 **Revised 7/10/2015**

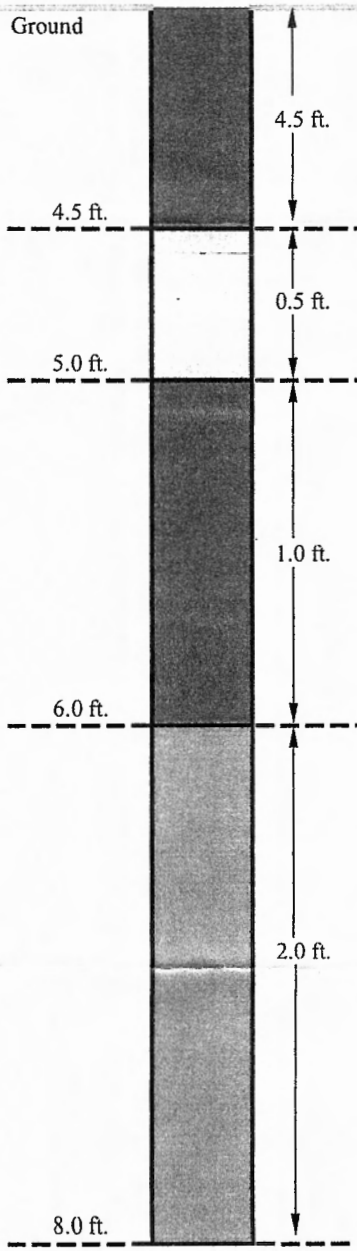
USDA
NRCS

# WELL DECOMMISSIONING - 351

Well Plugging Worksheet for an Unconfined Aquifer

KS
8 19

NAME: Admire Methodist Church  Design By: GE  Date: 5/3/2021
LEGAL: 20-16-12  Check By:  Date:
COUNTY: Lyon
IDENT #:
Type of Well: ○ Drilled ◉ Hand Dug Cistern
Diameter (inside inches): 72  Dia. (outside inches): 84  Depth to water: 6.0 ft.  Total depth: 8.0 ft.




From 4.5 feet below the ground surface to the ground surface, the plugged well shall be covered with compacted silt, clay soils, or surface soils.

38.5 cu.ft./ft. x 4.5 ft. of fill = 173.2 cu.ft.

173.2 cu.ft. / 27 = **6.4** **cu. yds.**

**PLUG**

Place a minimum 0.5-foot thick plug using approved cement or bentonite grout, to the full well diameter after removal of rock lining.

**PLUG**

38.5 cuft/ft x 0.5 ft. of plug 19.2 cu. ft.

19.2 cu.ft. * 1.36 bag per cu.ft. = **26** **bags of bentonite***

**SUBSOIL**

From the static water level to 5 feet below the ground surface, the well shall be filled with compacted clay or an approved grout.

**SUBSOIL**

28.3 cuft/ft x 1 ft. of fill = 28.3 cu.ft.

28.3 23081 cu.ft. / 27 = **1.0** **cu. yds.**

*Static Water Level*

Household chlorine bleach at 5.25 percent concentration of chlorine can be used in a ratio of 1 gallon bleach per 500 gallons of water.

**CHLORINE: @ 5.25%**

211.5 gal/ft. x 2 ft water = 423.0 **gallons of water**

423.0 / 500 = **1.0** **gallons of bleach**

or

1.00 gal x 128 = **128** **ounces of bleach**

**SAND**

Fill the well with clean sand or gravel up to the *Static Water Level*.

**SAND**

28.3 cu.ft./ft. x 2 ft. sand = 56.5 cu.ft.

56.5 cu.ft. / 27 = 2.1 cu. yds.

2.1 cu.yds. + additional 30% = **2.7** **cu. yds. of sand**

or

2.7 cu.yds. x (1.5 tons/cu.yd.) = **4.1** **tons of sand**

Remove pump, column pipe, and debris. Knock down the top 5 feet of the well rock lining material and let it fall into the well. Prior to starting work, stockpile fill material on site, leaving fill material on a truck or trailer until placed if possible.

* Based on a 50 lb bag of bentonite chips with a unit weight of 68 lb/cf.

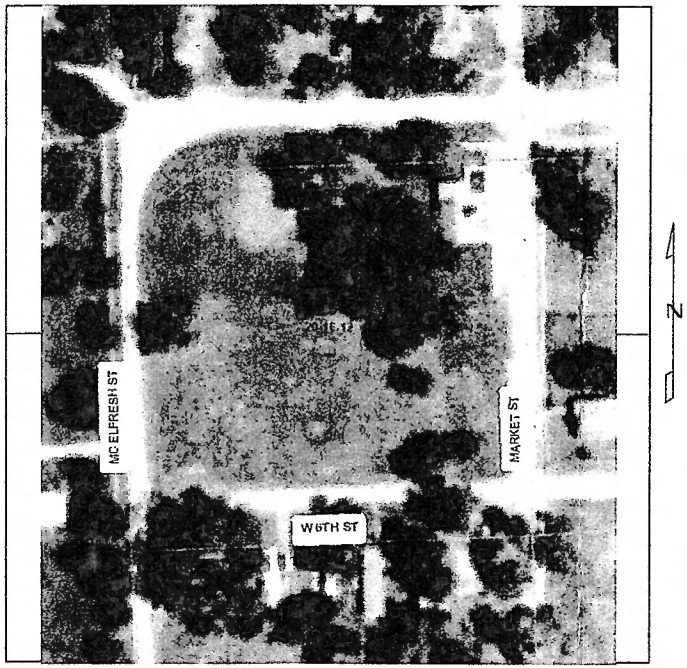
USDA
NRCS

KS-ENG-5P
8/19

# Well Decommissioning – 351

Name: Admire Methodist Church
Ident. No.:
Legal Desc.: 20-16-12
County: Lyon
One-Call No.:

Before any investigation or construction activity, the excavator is responsible for calling Kansas One-Call at 800-344-7233 (800-DIG-SAFE) or 811.




Location Map  Scale 1" = nts

Designed by GE  Date 5/3/2021

Checked by  Date

Approved by  Date

I certify that this installed practice meets NRCS standards and specifications and conforms to the approved drawings.

Checkout by  Date

Audited by  Date

**Table of Quantities**

| Item | | Unit | Planned or Designed Quantity | Installed Quantity |
|---|---|---|---|---|
| Total Well Depth | | lin. ft. | 8.0 | |
| Diameter Plugged | | inches | 72 | |
| Well Section 1: Top | From | feet | 0.0 | |
| | To | feet | 4.5 | |
| Fill Material (Soil) | | cu. ft. | 173.2 | |
| Well Section 2: Well Plug | From | feet | 4.5 | |
| | To | feet | 5.0 | |
| KDHE Approved Bentonite or Cement Grout | | cu. ft. | 19.2 | |
| Well Section 3: Subsoil | From | feet | 5.0 | |
| | To | feet | 6.0 | |
| Fill Material: Native Clay Soils | | cu. ft. | 28.3 | |
| Well Section 4: Fill Below the Static Waterline | From | feet | 6.0 | |
| | To | feet | 8.0 | |
| Fill Material (Sand or Gravel) | | tons | 4.1 | |
| Household Bleach Disinfectant (5.25% solution | | gallons | 1.0 | |

Notes.

Cistern

**WELL PLUGGING RECORD.** In accordance with Kansas Administrative Regulations (K.A.R.) 28-30-201, file a record of the well plugging with the Kansas Department of Health and Environment (KDHE) office in Topeka, Kansas within 30 days following the completion of the plugging. Use either form **WWC-5** or **form WWC-5P** to record this information.