

County: Jackson Fraction: NW, NW, NE, NE Sec. 30 T. 6 S R. 16 E

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

Owner: Gary Amon

If location corrected, was listed as:

Section-Township-Range: _____

Fraction (1/4 calls): NE

Location changed to:

NW, NW, NE, NE

Other changes: Initial statements: Lat/long coordinates in DMS provided, but no horizontal datum.

SWL not reported.

Changed to: Converted lat/long coordinates & found well on Google Earth.

Contacted well owner. He confirmed well location and reported SWL 4 ft below land surface.

Comments: Lat. 39.506120 deg. N, Long. -95.668179 deg. W (WGS84).

Verification method: Obtained quarter fractions from KDHE STR Finder.

Initials: PKC Date: 1/8/2021

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: <u>JA</u>	Fraction <u>NE</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>30</u>	Township Number <u>T6</u> <u>S</u>	Range Number <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 ☒

Global Positioning Systems (GPS) information:

Latitude: 39° 30' 22 (in decimal degrees)

Longitude: 95° 40' 05 (in decimal degrees)

Elevation: 1112

Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27

Collection Method:

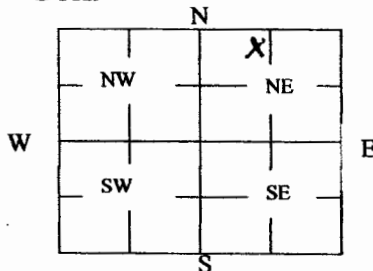
☐ GPS unit (Make/Model):

☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☒ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: Gary Amon
RR#, St. Address, Box #: 15745 254th Rd
City, State ZIP Code: Holton, Ks. 66436

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



4 DEPTH OF WELL 50 ft.

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

- ☒ Domestic
☐ Irrigation
☐ Feedlot
☐ Industrial

- ☐ Public Water Supply
☐ Oil Field Water Supply
☐ Domestic (Lawn & Garden)
☐ Air Conditioning

- ☐ Dewatering
☐ Monitoring
☐ Injection Well
☐ 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

Blank casing diameter 6 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
Casing height above or below land surface 20 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Plug Intervals: From 16 ft. to 15 ft., From 11 ft. to 10 ft., From 5 ft. to 4 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 | |
| <input type="checkbox"/> Cess pool | <input checked="" type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>50</u>	<u>16</u>	<u>Sand & gravel</u>			
<u>16</u>	<u>15</u>	<u>Bentonite</u>			
<u>15</u>	<u>11</u>	<u>Sand & gravel</u>			
<u>11</u>	<u>10</u>	<u>Bentonite</u>			
<u>10</u>	<u>5</u>	<u>Sand & gravel</u>			
<u>5</u>	<u>4</u>	<u>Bentonite</u>			
<u>4</u>	<u>0</u>	<u>FILL DIRT</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ 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) 7-28-20 under the business name of _____ by (signature) Gary L. Amon

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>.