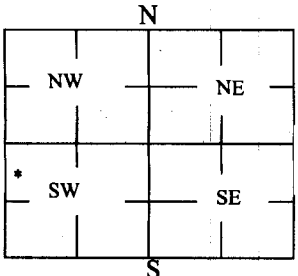


<b>1 LOCATION OF WATER WELL:</b> County: Atchison	Fraction SW ¼ NW ¼ NW ¼ SW ¼	Section Number 34	Township Number 6 T S	Range Number 18 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 3 miles south of Effingham		<b>Global Positioning Systems (GPS) information:</b> Latitude: 39.483114 (in decimal degrees) Longitude: 95.402467 (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____		

<b>2 WATER WELL OWNER:</b> Ed Conner RR#, St. Address, Box #: P.O Box 204 City, State ZIP Code: Effingham, KS 66023	<input checked="" type="checkbox"/> GPS unit (Make/Model: Trimble 99133) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
---	---

<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> <u>62</u> ft. WELL'S STATIC WATER LEVEL <u>18</u> ft. WELL WAS USED AS: <input checked="" 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 _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	--

**5 TYPE OF BLANK CASING USED:**

Steel     RMP (SR)     Wrought     Fiberglass     Other (Specify below)  
 PVC     ABS     Asbestos-Cement     Concrete Tile

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes  No  If yes, how much 5ft at least

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:

<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 checked="" type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
62ft	18ft	Sand			
18ft	7.5ft	Clay			
7.5ft	4.5ft	Concrete grout			
9ft	60ft	Gravel			
		1 gallon bag Chlorine			
		6 bags concrete grout			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/20/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 000. This Water Well Record was completed on (mo/day/year) 9/18/2020 under the business name of Mike Lutz by (signature) [Signature]

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.

**NPS POLLUTION CONTROL FUNDS  
ABANDONED WATER WELL COST-SHARE PROGRAM  
(WELL PLUGGING WORKSHEET)**

WORKSHEET: (Use water quality bulletin to complete this worksheet, available through Cooperative Extension Service)

Name: Ed Conner County: Atchison Date: July 8, 2020

Type of Well: Drilled:  Hand dug:

Diameter (Inside): 28 in Diameter (Outside): 84 in Depth to Water: 18.4 Total Depth: 62.2 ft

TOP SOIL:	<u>4.5</u> ft	TOP SOIL NEEDED:	<u>38.48</u> cu.ft/ft x <u>4.5</u> ft = <u>173.2</u> cu.ft
			<u>173.2</u> cu.ft x 1 cu.yd/27 cu.ft = <u>6.4</u> cu.yds
BENTONITE PLUG:	<u>0.5</u> ft	BENTONITE NEEDED:	PLUG: <u>38.48</u> cu.ft/ft x <u>0.5</u> ft. = <u>19.2</u> cu.ft
		GROUT SEAL RESTORATION:	<u>0.0</u> cu.ft
			<u>19.2</u> cu.ft x 1 bag/0.7 cu.ft = <u>27.5</u> bags
SUBSOIL:	<u>13.4</u> ft	SUBSOIL NEEDED:	<u>4.28</u> cu.ft/ft x <u>13.4</u> ft = <u>57.3</u> cu.ft
			<u>57.3</u> cu.ft x 1 cu.yd/27 cu.ft = <u>2.1</u> cu.yds
SAND (to water level):	<u>43.8</u> ft	SAND NEEDED:	<u>5.56</u> cu.ft/ft x <u>43.8</u> ft = <u>243.5</u> cu.ft
			<u>243.5</u> cu.ft x 1 cu.yd/27 cu.ft = <u>9.0</u> cu.yds
		CHLORINE NEEDED - Liquid (5.25%):	<u>39.02</u> oz/ft x <u>43.8</u> ft = <u>1709.3</u> oz
			<u>1709.3</u> oz x 1 gal/128 oz = <u>13.4</u> gal

SITE PREPARATION: REMOVE PUMP AND COLUMN PIPE AND DEBRIS. EXCAVATE AROUND DRILLED WELL CASING AND CUT CASING 3 FEET BELOW GROUND LEVEL. STOCKPILE FILL MATERIAL ON SITE. LEAVE IN TRUCK IF POSSIBLE. HANDDUG WELLS NEED TRACTOR WITH FRONT END LOAD OR LARGE PRY BARS TO CAVE IN ROCK LINING.