

County: Saline Fraction SE SE NE SE Sec. 31 T 14 S R 1 E (W)

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)

(to rectify lacking or incorrect information)

Owner: Stan Kogler

Location was listed as:

Location changed to:

Section-Township-Range: None Given

31-14S-1W

Fraction (1/4 1/4 1/4): _____

SE SE NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Wellsite address, area road map, Saline County
online parcel search, and mapping tool & aerial photos
on KGS website.

initials: DRA date: 3/31/2015

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.

1 LOCATION OF WATER WELL: County: Saline	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number	Township Number T S	Range Number <input 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 **2852 Whitmore Rd**

Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)

Longitude: _____ (in decimal degrees)

Elevation: _____

Datum: WGS84, NAD83, NAD27

Collection Method:

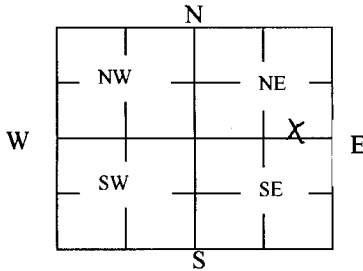
GPS unit (Make/Model: _____)

Digital Map/Photo, Topographic Map, Land Survey

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

2 WATER WELL OWNER: Stan Kogler
RR#, St. Address, Box #: **2852 Whitmore Rd**
City, State ZIP Code: **Salina, KS 67401**

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



4 DEPTH OF WELL 81 ft.

WELL'S STATIC WATER LEVEL 37 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 50 in.

6 GROUT PLUG MATERIAL:

- Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ 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? _____
- Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
		bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/27/2014 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) 10/27/2014 under the business name of Stan Kogler by (signature) Stan Kogler

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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>.