

County: McPherson Fraction: SE, SE, SE, SW Sec. 8 T. 18 S R. 3 W

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

Owner: Daryl Johnson, 1346 Quivira Rd, McPherson, KS Plugged LS well

<b>If location corrected, was listed as:</b>	<b>Location changed to:</b>
Section-Township-Range: _____	_____
Fraction (1/4 calls): <u>not provided</u>	<u>SE, SE, SE, SW</u>

**Other changes:** Initial statements: TD, SWL, well use & location, plugging intervals not provided.

Changed to: TD ~30 ft. W of power pole at approx. Lat. 38.493092 deg N, Long. -97.677116 deg W.  
Likely silted in due to flooding of creek. Plugged w/ chlorox, 2 bags quickrete, 1 bag bentonite, & soil.

Comments: Spoke with well owner.

Verification method: Confirmed location w/ Google Earth April 2014 aerial (WGS84) & STR Finder.

Initials: PKC Date: 1/4/2023

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.**

<b>1 LOCATION OF WATER WELL:</b> County: <u>McPHERSON</u>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>8</u>	Township Number T <u>18</u> S	Range Number <u>03</u> <input type="checkbox"/> E <input checked="" 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 <input checked="" type="checkbox"/>	<b>Global Positioning Systems (GPS) information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____ <input type="checkbox"/> GPS unit (Make/Model): _____ <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
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<b>2 WATER WELL OWNER:</b> <u>DARYL JOHANSON</u> RR#, St. Address, Box #: <u>1346 QUINDIRA RD</u> City, State ZIP Code: <u>McPHERSON KS 67460</u>	
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> _____ ft. <u>NO RECORDS FOUND</u> <b>WELL'S STATIC WATER LEVEL</b> _____ ft. <u>POSSIBLY PUNGED ALREADY</u> <b>WELL WAS USED AS:</b> <u>WELL WAS THERE WHEN WE PURCHASED PROPERTY IN 1988 NO PUMP IN IT NEVER USED BY US</u> <input 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"/>
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**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 8 1/2 in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_

Casing height above or below land surface 36 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 checked="" type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	
<input type="checkbox"/> Cess pool	<input 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>1 BAG BENTONITE</u>			
		<u>1 BAG QUICK CRETE</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-27-22 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) \_\_\_\_\_ under the business name of \_\_\_\_\_ by (signature) Daryl Johnson

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.