

County: Jewell Fraction: SW SW NW SW Sec. 7 T 1 S R 7 W

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

Owner: Val Heim

If location corrected, was listed as:

Location changed to:

Section-Township-Range: 7-15-7 W

7-15-7 W

Fraction (1/4 calls): None Given

SW SW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: written & legal descriptions, Jewell County online parcel search, and mapping tool & aerial photos on KGS website.

Initials: DRJ Date: 12/4/2018

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Avenue, 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>Jewell</u> 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"/> <u>11 mile north of Mangkato</u> <u>3 miles east on Birch Road</u> <u>1/2 mile north</u>	Fraction <div style="display: flex; justify-content: space-around;"> 1/4 1/4 1/4 1/4 </div>	Section Number <u>7</u>	Township Number T <u>1</u> S <u>7</u>	Range Number <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																						
2 WATER WELL OWNER: <u>Val Heim</u> RR#, St. Address, Box #: <u>1050 Loudon</u> City, State ZIP Code: <u>Superior, NE 68978</u>		Global Positioning Systems (GPS) information: 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																																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL <u>65</u> ft. WELL'S STATIC WATER LEVEL <u>13</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning </div> <div> <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																									
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel <input type="checkbox"/> PVC </div> <div> <input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS </div> <div> <input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement </div> <div> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile </div> <div> <input type="checkbox"/> Other (Specify below) _____ </div> </div> Blank casing diameter _____ in. Was casing pulled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much _____ Casing height above or below land surface _____ in.																																																										
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>3</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool </div> <div> <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input checked="" type="checkbox"/> Feedyard <input checked="" type="checkbox"/> Livestock pens </div> <div> <input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well </div> <div> <input type="checkbox"/> Other (specify below) _____ Direction from well? <u>South</u> How many feet? <u>20'</u> </div> </div>																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>65</u></td> <td><u>13</u></td> <td><u>Chlorinated Sand</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>13</u></td> <td><u>6</u></td> <td><u>Clay subsoil</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>6</u></td> <td><u>3</u></td> <td><u>Bentonite</u></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>65</u>	<u>13</u>	<u>Chlorinated Sand</u>				<u>13</u>	<u>6</u>	<u>Clay subsoil</u>				<u>6</u>	<u>3</u>	<u>Bentonite</u>																																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-9-2017</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>N/A</u> . This Water Well Record was completed on (mo/day/year) _____ under the business name of _____ by (signature) <u>Val Heim</u>																																																										

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.

KSA82a-1212

Revised 1/20/2015