

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

21257

1 LOCATION OF WATER WELL: County: McPherson 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"/> approximately 4.75 miles south of Canton, KS	Fraction $\frac{1}{4}$ CN $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$ Section Number 16 Township Number T 20 S Range Number 1 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Global Positioning Systems (GPS) information: Latitude: 38.31129 (in decimal degrees) Longitude: -97.43337 (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method: _____ <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin GPsmap 60CSx) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
2 WATER WELL OWNER: Royce C. Janssen RR#, St. Address, Box #: 845 Chisholm Road City, State ZIP Code: Inman, KS 67546	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	
4 DEPTH OF WELL <u>79</u> ft. WELL'S STATIC WATER LEVEL <u>13</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Domestic Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div style="width: 30%;"> <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 style="width: 30%;"> <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:

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

Blank casing diameter 16 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface below 36 in.

6 GROUT PLUG MATERIAL:

☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____

Grout Plug Intervals: From 13 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. 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
☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well

Direction from well? northeast
 How many feet? approximately 10 ft.

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
79	13	Clean, coarse sand			Well plugging witnessed by
13	3	Cement grout			D. Randolph, GMD2 staff on 2/23/2016
3	0	Topsoil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/23/2016 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) 2/24/2016 under the business name of Royce C. Janssen, Farver Farms by (signature) Royce C. Janssen

Send one 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

APR 13 2016

Revised 1/20/2015

Management District No. 2

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EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2

313 SPRUCE STREET • HALSTEAD, KANSAS 67056-1925 • PHONE (316) 835-2224 • FAX (316) 835-2225 • equusbeds@gmd2.org • www.gmd2.org

April 18, 2016

Pam Chaffee, Professional Geologist
Kansas Department of Health and Environment
1000 SW Jackson Street, Suite 420
Topeka, Kansas 66612-1367

RE: Abandoned Water Well – File No. 354.231

Dear Ms. Chaffee:

The enclosed WWC-5P form was received by the Groundwater Management District No. 2 office on April 13, 2016. The District is forwarding the form to your office on behalf of the water well owner.

Sincerely,
EQUUS BEDS GROUNDWATER
MANAGEMENT DISTRICT NO. 2

David Randolph
Hydrologic Technician

DDR/dr

Enclosure

pc: Royce C. Janssen

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