

County: Gray Fraction: NE-SE-SE Sec. 5 T 29 S R 29 E/W

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

(to rectify lacking or incorrect information)

Owner: Nickel, Dwayne

Location was listed as:

Section-Township-Range: 5 - 28 S - 29 W

Fraction (1/4 1/4 1/4): SE

Location changed to:

5 - 29 S - 29 W

NE-SE-SE

Other changes: Initial statements: 37° 33' 16.78 100° 30' 25.81

Changed to: 37.55466389 -100.5071694

Comments: _____

Verification method: Online map of Address and conversion of Deg Min Sec to decimal deg.

initials: DF date: 4/15/14

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: <u>SE 1/4 1/4 1/4 1/4</u> | Fraction | Section Number <u>5</u> | Township Number <u>T28 S29</u> | Range Number <u>29</u> <input type="checkbox"/> E <input checked="" 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 ☒

Dewayne Nickel
31505 9 Rd.
Montezuma, KS 67867-9107

Global Positioning Systems (GPS) information:

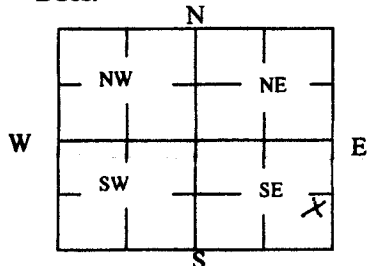
Latitude: 37°33'16.78" N (in decimal degrees)
Longitude: 100°30'25.81" W (in decimal degrees)
Elevation: 2750'
Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
Collection Method:

☒ GPS unit (Make/Model: Starfire ITC)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☒ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER:

RR#, St. Address, Box #: Dewayne Nickel
City, State ZIP Code: 31505 9rd, Montezuma, KS 67867

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



4 DEPTH OF WELL 180 ft.

WELL'S STATIC WATER LEVEL 167 ft

WELL WAS USED AS:

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input checked="" 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 ☐ No ☒

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 _____
Casing height above or below land surface 48 in.

6 GROUT PLUG MATERIAL:

☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Plug Intervals: From 5 ft. to 3 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input checked="" 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 | |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |

Direction from well? South West
How many feet? 130

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|------|--------------------|------|----|--------------------|
| 180' | 165' | Chlorinated gravel | | | |
| 165' | 5' | gravel | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:

This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/18/2014 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) 2/18/2014 under the business name of Dewayne Nickel by (signature) Dewayne Nickel

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>.