

County: Rawlins Fraction: E2, E2, NE Sec. 3 T. 3 S R. 33 W

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

Owner: Jim & Vicki Kogl South well 50 ft TD

If location corrected, was listed as:

Location changed to:

Section-Township-Range: _____

Fraction (1/4 calls): NE, SE, NE, SW

E2, E2, NE

Other changes: Initial statements: Lat. 39.82468, Long. -101.00051; No H. Datum provided. Directions not provided. Blank casing: steel; Casing dia. 6 in. No casing removed. Casing height +/- land 14 in.

Changed to: Lat. 39.824504 N, Long. -101.000919 W, Google Earth H. Datum WGS84.

Casing: rock. 4 ft removed. Casing dia. not provided. Four miles E of Atwood on 36 Hwy & 1.5 mile N.

Comments: Talked to person who plugged well (Mike Pochop) & NWLEPG staff about well details and location.

Verification method: Confirmed on Google Earth and KDHE STR Finder.

Initials: PKC Date: 8/5/2020

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

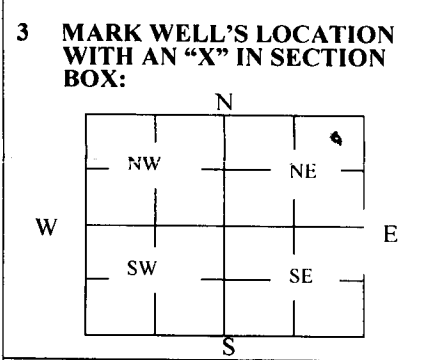
1 LOCATION OF WATER WELL: County: <u>Rawlins</u>	Fraction: <u>NE 1/4 SE 1/4 NE 1/4 SW 1/4</u>	Section Number: <u>3</u>	Township Number: <u>3 T 33 S</u>	Range Number: <u>33</u> <input type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location: if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: 39.82468 (in decimal degrees)
 Longitude: -101.00051 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Jim & Vicki Kahl
 RR#, St. Address, Box #: 13332 RD 2350
 City, State ZIP Code: Abwick KS 67730

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



4 DEPTH OF WELL 50 ft.
 WELL'S STATIC WATER LEVEL 21 ft.
 WELL WAS USED AS:

<input checked="" 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 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 14 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other fill sand

Grout Plug Intervals: From 50 ft. to 21 ft., From 21 ft. to 5 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 type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool!	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>50</u>	<u>21</u>	<u>fill sand</u>	<u>21</u>	<u>5</u>	<u>Bentonite</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-23-20 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 M. De Connections by (signature) Michael Decker