

County: Cheyenne Fraction: NW, SE, NW, NE Sec. 22 T. 3 S R. 40 W

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

Owner: Ken Farris

If location corrected, was listed as:

Section-Township-Range: none given

Fraction (1/4 calls): none given

Location changed to:

22 - 3S - 40W

NW, SE, NW, NE

Other changes: Initial statements: Depth of well 15 ft and SWL 12 ft Basement Well

Address given: 1585 Rd 15, St. Francis, KS 67756

Changed to: Depth of well 25 ft and SWL 22 ft

Comments: Land/Well owner confirmed location of house with plugged basement well. Reported measurements (TD & SWL) were from basement floor.

Verification method: Location confirmed on Google Earth (HD WGS84): Lat. 39.783443 deg, and Long. -101.792576 deg. STR & QFs confirmed using KDHE STR Finder.

Initials: PKC Date: 2/10/2020

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

# WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Cheyenne</u>		Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section Number	Township Number T S	Range Number <input type="checkbox"/> E <input 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 <input checked="" type="checkbox"/> <u>1585 Rd 15</u> <u>St. Francis, KS 67756</u>				<b>Global Positioning Systems (GPS) information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ 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																																																								
<b>2 WATER WELL OWNER:</b> <u>Ken Farr's</u> RR#, St. Address, Box #: <u>31674 Black Widow Way</u> City, State ZIP Code: <u>Conifer, CO 80433</u>																																																												
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">                     N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table>                     S                      W                      E                 </div>		NW	NE	SW	SE	<b>4 DEPTH OF WELL</b> <u>15'</u> <b>ft.</b> <span style="float: right;"><u>Basement Well</u></span> <b>WELL'S STATIC WATER LEVEL</b> <u>12'</u> <b>ft.</b> <b>WELL WAS USED AS:</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input 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 &amp; 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"/>																																																						
NW	NE																																																											
SW	SE																																																											
<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" 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 <u>8</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>0</u> in.																																																												
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From _____ ft. to _____ 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 checked="" 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 type="checkbox"/> Feedyard  <input 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) _____                         </div> </div> Direction from well? <u>North</u> How many feet? <u>28'</u>																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">PLUGGING MATERIALS</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>15</u></td> <td><u>1</u></td> <td><u>Clean fill - compacted</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>1</u></td> <td><u>0</u></td> <td><u>CONCRETE</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> <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>15</u>	<u>1</u>	<u>Clean fill - compacted</u>				<u>1</u>	<u>0</u>	<u>CONCRETE</u>																																							
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-20-19</u> 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) <u>10-21-19</u> under the business name of <u>LAND OWNER</u> by (signature) <u>[Signature]</u>																																																												
<b>INSTRUCTIONS:</b> Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																																												