County: Harvey Fraction SENW SW NW Sec. 29 T 23 S R / EW										
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) (to rectify lacking or incorrect information) Owner: Ryon Gains										
Location was listed as: Location changed to:										
Section-Township-Range: $29-235-/E$ $29-235-/E$										
Section-Township-Range: $29-235-/E$ $29-235-/E$ Fraction (1/4 1/4 1/4): None Given SENW SW NW										
Other changes: Initial statements: 423 Home ward Ln.										
Changed to: 423 Homewood Lane										
Comments:										
Verification method: Written & legal descriptions, area road map, and mapping tool on KGS website. initials: DRA date: 11/18/20/3										
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 R Original Record		Form V	VWC-5 e in Well Use			sion of Wat urces App. 1	. 1		Well ID		
1 LOCATION OF W.			Fraction			tion Numb		ownship Number		ge Number	
County: How	1/21		1/4 1/4	1/4	1/4	29		т 23 s	R /		
2 WELL OWNER: La	ıst Name: 🛮 🚄	-ains	First: Ryor	2 S				well is located (in			
Business: #23 Home Wardhn direction from nearest town or intersection): If at owner's address, check here:											
Address:											
City: Newto		State:	ZIP6/114		~~					- Augustina	
3 LOCATE WELL	4 DEPTE	I OF COM	PLETED WE	$LL: \mathcal{L}$	<i>IO</i> ft.	5 Latit	ude:			(decimal degrees)	
WITH "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: ft. Depth(s) Groundwater Encountered: 1) ft.						5 Latitude:				
N SECTION BOX:	2)(Dry Well Datum: WGS 84 NAD 83 NAD 27									
	WELL'S STATIC WATER LEVEL:					500000000000000000000000000000000000000					
	below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr					GPS (unit make/model:					
NW NE	Pump test data: Well water was					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
W E	after	om	Online Mapper:								
SW SE	Well water was ft.							 			
	after hours pumping gpn)111	6 Eleva	ation:	ft. [Ground	Level TOC	
S	Bore Hole	Diameter:	1911. in. to	182	ft. and	Source		and Survey 🔲 GF			
after											
/ WELL WATER TO DE COED AS.											
	. Domestic: 5. Public Water Supply: well ID							Water Supply: leas			
☐ Household ☐ Lawn & Garden	6. ☐ Dewatering: how many wells?7. ☐ Aquifer Recharge: well ID							☐ Uncased ☐ Ge			
Livestock			g: well ID					how many bores?			
2. Irrigation								oop 🔲 Horizontal			
3. Feedlot Air Sparge Soil Vapor Ext											
4. Industrial Recovery Injection 13. Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
8 TYPE OF CASING USED: Steel PVC Other											
Casing diameter											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch-Eut ☐ Drilled Holes ☐ Other (Specify)											
☐ Louvered Shutter	☐ Key Punc	hed W	ire Wrapped	Saw	Cut □ N	one (Open l	Hole)	ο Ε	0	0	
SCREEN-PERFORATI								ft., From ft., From			
9 GROUT MATERIA											
Grout Intervals: From	T.H ft. to	o3./2	ft From	Ø ft.	to F.D.	ft., From	1	ft. to	ft.	***************	
Nearest source of possibl	e contaminat	ion:									
☐ Septie Tank		Lateral Line				Livestock P		☐ Insectició			
	☑ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
Other (Specify)				• • • • • • • • • • • •		i cranizer o	oruge		345 11 44		
Direction from well?	.1.Y	المتروم متثم وورد وروم	Distance fi	rom wel	1?			ft.			
10 FROM TO		LITHOLOG	SIC LOG		FROM	TO	LITHO	O. LOG (cont.) or P	LUGGIN	G INTERVALS	
9 40	Glary	0									
11 22	tine ?	sand									
20 170	13/11/6	2 Sha	.10							n – deservation in the section of th	
25 15											
78 79	Same	Wait	e 8								
			-		Notes:						
80 90 Gray Shale											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged											
under my jurisdiction and was completed on (mo-day-year) /-/-/ and this record is true to the best of my knowledge and belief.											
Kansas Water Well Cor	ntractor's Lic	cense No. /.	. Ж ТЬ	nis Wate	er Well Rec	ord was co	mplete	d on (mo-day-yea	ır)		
under the business name	e of Day	09511.6.9.		12.G	,.,,			<u></u>			
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.											

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html