County: Harvey Fraction: N2 SE	Sec. 30 T 23 S R I E								
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) - to rectify lacking or incorrect information									
Owner: Napier									
If corrected, location was listed as:	Location changed to:								
Section-Township-Range:									
Fraction (1/4 1/4 1/4): NE NW NW(?)	N2 SE								
Other changes: Initial statements:									
Changed to:									
Comments:									
Verification method: Address of well check	ed on KGS maggar and								
Google Mass, in SE quarter of sect	(40)								
Verification method: Address of well check Loogle Maps, in SE quarter of sect	Initials: 055/2018								
Submitted by: Kansas Geological Survey, Data Resources Library, 19									
Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367									

	R WELL F		Form WW		Div	vision of Wa	ter				
	al Record		☐ Change in \			ources App.			Well ID		
1		ATER WEI		ction		ction Numb	er	Township Numb	r - /		
Count	y Ha	rvex	I V	3/4 1/4/1/4/1/4/1/4	1/4		1	T 23s	R /		
2 WELL Business	OWNER: I	ast Name: No	vpier m	wrtney				ere well is located			
2 WELL OWNER: Last Name: Napier First: Business: Address: Joo4 Depot Address: Addres											
	Vewto	n	State: 15 ZI	P:67114	2000	UCP	01	- NEWLL	7h 1)_	7	
3 LOCAT		4 DEPTH	OF COMPLI	ETED WELL: جُ	ft	. 5 Latit	tude	•		(decimal degrees)	
1	ON BOX:			untered: 1) ユュ		Long	gitud	le:		(decimal degrees)	
I .	N			ft., or 4) \square		Datum: WGS 84 NAD 83 NAD 27					
<u> </u>				LEVEL: sured on (mo-day-y		Source for Latitude/Longitude:					
l '	NE			sured on (mo-day-y sured on (mo-day-y		GPS (unit make/model:					
[VW	T NE			was ft.	-,,,,,	Land Survey Topographic Map					
w A	E	after		pingg				e Mapper:			
sw	SE			was ft.							
	1 1	Fetimated V	nours pum ield: /520 gj	pingg	pm	6 Elev	atio	n: ft.	Ground	Level ☐ TOC	
	S	Bore Hole I	Diameter: .9	in. to	ft. and] Land Survey 🔲			
1	mile		7	in. to	. ft.		_	Other			
7 WELL	WATER TO	BE USED A	AS:								
1. Domestic				upply: well ID				eld Water Supply: 16			
House				ow many wells?				e: well ID		I	
☐ Livest	& Garden			ge: well ID ell ID				☐ Uncased ☐ © nal: how many bores		I	
2. Irrigat				mediation: well ID				d Loop Horizont		I	
3. Feedle			Air Sparge	Soil Vapor Ex				Loop Surface Di			
4. 🗌 Indust	rial] Recovery	☐ Injection				(specify):			
Was a che	mical/bacte	riological sar	nple submitted	to KDHE?	es Z No	If yes, dat	e sa	mple was submitte	d:		
Water well	disinfected?	Yes □	No			•		-			
8 TYPE (OF CASING	USED: □ S	teel PVC 🗆	Other	CASI	NG JOINTS	S: 🗀	Glued Clamped	l □ Welded	Threaded	
Casing dian	neter	in. to	ft., Dia	neteri	n to	ft., Dia	meter	r in. to	ft.		
Casing diameter											
TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ Other (Specify)											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ TVC ☐ Other (Specify)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From										ft.	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
☐ Septic	•		Lateral Lines	☐ Pit Privy	П	Livestock P	ens	☐ Insection	ide Storage		
☐ Sewer	Lines		Cess Pool	☐ Sewage Lago		Fuel Storage		_	ned Water V	Vell	
	tight Sewer Li		Seepage Pit	☐ Feedyard		Fertilizer St			ll/Gas Well		
Other (Specify) Direction from well? Distance from well? ft.											
10 FROM	TO TO	Т	ITHOLOGIC I	OG	FROM	TO		ft. THO. LOG (cont.) or		INTEDUALS	
O	32	Class	ATHOLOGIC I	7.VG	TAON	10	TIL	110. LOG (cont.) or	LUGGING	JINIEKVALS	
39	35	Sand	Class								
33	45	mival	Christ 9	Sound S	onel	Vate	•				
45	67	Blup	Shalo								
67	69	Crumb	led She	ule Soir	E	7 (
69	XD	Gray.	Shale					Original W	en tar e		
		/			Notes:			S A	ะเลเม6 0 _	so Sender	
	Notes: Original Returned to Sander 1/30/										
11 0037	D A COTO D	OD T ASTE	MAINDIA CO	DETERMINATION	TL	11	-			,	
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)											
Kansas Wa	ater Well Co	ntractor's Lice	ense No A	O This Water		cord was co	nnle	eted on (mo-day-ve	ear) 9 - 1	# 1.17	
under the b	ousiness nam	e ofBa	ckhua1)n; 11; m	\$		p.		·····	J	
Under the business name of Sackhard Q. L. J.									opy 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012											
Vinit											

KSA 82a-1212

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