County: <u>Sedqwick</u> Fraction <u>SESEN</u>	<u>14)</u> Sec. <u>33</u> T <u>27</u> S R / (E/W
CORRECTION(S) TO WATER WELL CON (to rectify lacking or incorre Owner: Wanda Howe//	MPLETION RECORD (WWC-5)
Location was listed as:	Location changed to:
Section-Township-Range: None Given	33-275-1E
Section-Township-Range: <u>None Given</u> Fraction (1/4 1/4 1/4):	SE SE NW
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method:	ity street map, and
Verification method: <u>Wellsite address</u> , C <u>Mapping tool on KGS webs</u>	ite.
Submitted by: Kansas Geological Survey, Data Recourses Library, 1020	initials: ARL date: 9/27/20/2
Submitted by: Kansas Goological Survey, Data Baseyessas Library, 1020	Constant Ave Lowmana VS 66047 2726"/

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.

	10		w	u ()		
ATER WELL RECORD	Form WWC-5		Division of V ction Numb	Water Resources; A		Range Number
LOCATION OF WATER WELL: County: Segurick	$\frac{1}{4}$	1/4 50	CION INUINO		S	R = E/W
Distance and direction from nearest town o			bal Positior			ees, min. of 4 digits)
located within city?		La	titude:			
1944 S. Mosely		Lo	ngitude:			
WATER WELL OWNER: Wande	Howell	E1	evation:		<u></u>	
RR#, St. Address, Box $# : 1944$	5. MOSOly	1	atum:			
City, State, ZIP Code : Wich It	a. NS 67211			ion Method:		
LOCATION WITH AN "X" IN SECTION BOX: N NW N S SW S SW S SW S SW S SW S SW S SW SE S SW SE S SW SE S SW SW SW SE S SW SW SW SE SW SW SW SE SW SW SW SW SE SW	ater Encountered (1) wATER LEVEL. 2 data: Well water was gpm: Well water was O BE USED AS: 5 Public Feedlot 6 Oil field Industrial 7 Domestic acteriological sample subm tted. 8 Concr ght Iron 8 Concr stos-Cement 9 Other	ft. be ft. c water sup water supp (lawn & g itted to De Water v	ft. (2) low land sun t. after ply 8 ly 9 arden) 10 partment? vell disinfec	ftft. face measured c 	umping pumping g 11 Inje 12 Oth No Glued	If yes, mo/day/yrs
1 Steel 3 RMP (SR) 6 Asbes	stos-Cement 9 Other					
2 PVC 4 ABS 7 Fibers	glass	 in	 to	ft Diameter	imeaded	in to ft
sing height above land surface in. to	in Weight	111. 1160	/ft Wal		lage No.	
THE OF CONFENSION AFTONIAL	A TREE A LAT.	P (a A	7			
PE OF SCREEN OR PERFORATION M. 1 Steel 3 Stainless Steel 5 F	Fiberglass Concrete tile 8 RM (SR)	9 AB	S .	11 Other	(Specify)	
2 Brass 4 Galvanized Steal 6 C	Concrete tile 8 RM (SR)	10 As	bestos-Cem	ent 12 None u	used (open	hole)
CREEN OR PERFORATION OPENINGS	ARE:		5 m - 5 - 7 - 5	1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		
1 Continuous slot 3 Mill slot	5 Gauzed wrapped 7 T	orch cut	9 Drilled h	oles 11 No	ne (open h	ole)
2 Louvered shutter 4 Key punched	6 Wire wrapped 8 S	aw cut	10 Other (sp	becity)		
CREEN-PERFORATED INTERVALS: Fr	om 11. to 	1979 Y 1979 Y 1979 Y 1979 Y 1979 Y	II., FIO A Fro	m	ft to	
GRAVEL PACK INTERVALS: FI						
	rom ft. to					
	0					
GROUT MATERIAL: 1 Neat cement	(2 Coment grout) 3 Ber	ntonite 4	Other	*************		7
	· · · · · · · · · · · · · · · · · · ·	ft	to	ft., From	<u>G</u>	the to Cold
hat is the nearest source of possible contan		0.1.1		10 T		16.04
	· ·	0 Livestoc	÷	13 Insecticide store 14 Abandoned v		16 Other (specify below)
2 Sewer lines 5 Cess pool		1 Fuel stor 2 Fertilizer	~ Q ·	14 Abandoned v 15 Oil well/gas v		Delow)
		Iow many	Ç	and the second se		
	OGIC LOG	FROM	TO			ERVALS
DA The		O	2		Soil	
HALL COLORD		3	72	Comon	T	
HUZE KUMP		12		washed	Sides	d.
6- m sama				and the part of the second	- FIL.(EIVED
					0	•
					SEPI	4 2012
	· · · · · · · · · · · · · · · · · · ·				31)	
				1	JUHEAU	OF WATER
						$- \sim$
CONTRACTOR'S OR-LANDOWNER' nder my jurisdiction and was completed on	SCERTIFICATION: T (mo/day/year) 0.5-21	his water w	vell was (1) his record is	constructed, (2) true to the best	reconstruc of my kno	ted, or (3) plugged wledge and belief.
Lansas Water Well Contractor's License No	N.on.e This Water	Well Reco	rd was com	pleted on (mo/d	ay/year).	
nder the business name of NOK	· · · · ·	bv	(signature)			Rem
STRUCTIONS: Use typewriter or hall point pen	PLEASE PRESS FIRMLY and I	P <u>RINT</u> clearly	. Please fill in	i blanks, underline	or circle the	correct answers. Send t
ree copies to Kansas Department of Health and Envi	ronment. Bureau of Water, Geold	ngy Section.	000 SW Jacks	ion St., Suite 420 , 10	opeka, Kansa	is 66612-1367, Telepho
85-296-5522. Send one to WATER WELL ttp://www.kdheks.gov/waterwell/index.html.	GATALIK and Islam one IC					
A						