

County: Finney Fraction: NW NW NW Sec. 18 T. 24 S R. 32 W

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

Owner: 5 points 66 PMW 5

If location corrected, was listed as:

Section-Township-Range: 18-24-33W

Location changed to:

18-24-32W

Fraction (1/4 calls): _____

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: owner address on WWC5, address in Newspaper and directions verified by KGS

Interactive Map and Google maps

Initials: SH Date: 08-26-2019

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

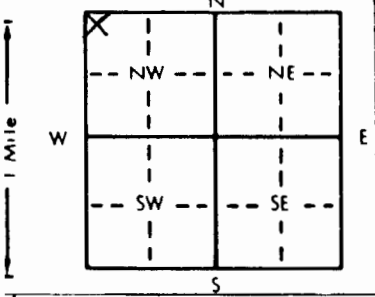
LOCATION OF WATER WELL: County: **Finney** Fraction: **NW NW 1/4 NW** Section Number: **18** Township Number: **T 24 S** Range Number: **R 33 E**

Distance and direction from nearest town or city street address of well if located within city?

Southeast corner of Buffalo Jones Avenue and Kansas Avenue

WATER WELL OWNER: **5 Points 66**
 RR#, St. Address, Box #: **705 Buffalo Jones**
 City, State, ZIP Code: **Garden City, KS.**
 Board of Agriculture, Division of Water Resources
 Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



DEPTH OF COMPLETED WELL: **33** ft. ELEVATION: **NA**
 Depth(s) Groundwater Encountered 1. **23** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **23.10** ft. below land surface measured on mo/day/yr **11-11-93**
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter: **7 5/8** in. to **33** ft., and in. to ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only **10** Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No **X**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No **X**

TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded **X**
 Blank casing diameter **2** in. to **18** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **0** in., weight lbs./ft. Wall thickness or gauge No. **sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass **7** PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot **3** Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **18** ft. to **33** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **16** ft. to **33** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GROUT MATERIAL: 1 Neat cement **2** Cement grout **3** Bentonite 4 Other
 Grout Intervals: From **0** ft. to **14** ft., From **14** ft. to **16** ft., From ft. to ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy **11** Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)

Direction from well? **southeast** How many feet? **20**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3"	concrete			
3"	5'	cl, med brn, mod-v slty, sl snd, f-med grnd			
5	7	cl, red brn, mod-v slty, sl snd, f-med grnd			
7	15	snd, v f-med grnd, v dk gry			
15	20	snd, v f-med grnd, sl grvl, dk gry			
20	28	snd, f-c grvn, mod-v grvly, tr of rock			
28	33	snd, f-c grnd, mod grvl up to 2" in size			
					PMW5-flush mount cover

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1)** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **11-09-93** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527**. This Water Well Record was completed on (mo/day/yr) **12-15-93** under the business name of **GeoCore Services, Inc.** by (signature) *Dale R. [Signature]*

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.