

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 11

If location corrected, was listed as: **Location changed to:**
Section-Township-Range: 18-24-33W | 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

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

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

Southeast corner of Kansas Avenue and 13th Street

2 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:

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

4 DEPTH OF COMPLETED WELL: **33** ft. ELEVATION: **NA**
 Depth(s) Groundwater Encountered: 1. **23** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **23.46** 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** _____

5 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) _____
 9 ABS 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.

6 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 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 **Fuel storage** 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage _____
 Direction from well? **west** How many feet? **325**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	concrete			
6"	5'	clay, med-dk brn, v slty, mod snd, f-c grnd			
5	6	clay, oran-brn, v slty, tr v f snd			
6	11	snd, v f \-med grnd, sl clayey, v slty, oran-yell			
11	15	snd, f-c grnd, mod-v grvly, tr of rock, yell-brn			
15	25	snd, f-med, tr of grvl, yell-brn			
25	33	snd, f-med, mod-v grvly, med gry color, mod rock up to 2" in size			
					PMW11-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) **11-11-93** 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) *Don Pitt*