

County: Finney Fraction: SW SW SW Sec. 7 T. 24 S R. 32 W

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

Owner: Dart In DMW8

If location corrected, was listed as:

Section-Township-Range: 7-24-33W

Fraction (¼ calls): SW SW SW

Location changed to:

7-24-32W

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

Verification method: Google maps and KGS mapper based on directions on WWC-5

Initials: SH Date: 08-16-2019

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:	Fraction	Section Number	Township Number	Range Number
	County: <u>FINNEY</u>	<u>SW<sup>1/4</sup>SW<sup>1/4</sup>SW<sup>1/4</sup></u>	<u>7</u>	<u>24</u>	<u>33W</u>

Distance and direction from nearest town or city street address of well if located within city?  
East side of Mildred Street, North of Kansas Avenue, Garden City, Ks.

2	WATER WELL OWNER: <u>DART IN</u>
RR#, St. Address, Box #: <u>1103 N. TAYLOR</u>	
City, State, ZIP Code: <u>GARDEN CITY, KS 67846</u>	
Board of Agriculture, Division of Water Resources Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>33</u> ft.																																															
<p style="text-align: center;">N</p> <table border="1" style="width: 100%;"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>N W</td> <td></td> <td>N E</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>W</td> <td></td> <td></td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>S W</td> <td></td> <td>S E</td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">S</p>						N W		N E						W			E					S W		S E		X												<p>WELL'S STATIC WATER LEVEL <u>23.56</u> ft.</p> <p>WELL WAS USED AS:</p> <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes..... No. <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted.....</p> <p>Water Well Disinfected: Yes..... No. <input checked="" type="checkbox"/></p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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5	TYPE OF BLANK CASING USED:
1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below) 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile	
Blank casing diameter <u>2</u> in.    Was casing pulled? Yes..... No. <input checked="" type="checkbox"/> If yes, how much.....	
Casing height above or below land surface <u>0</u> in.	

6	GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other
Grout Plug Intervals: From <u>0</u> ft. to <u>33</u> ft., From.....ft. to.....ft., From..... to.....ft.	
What is the nearest source of possible contamination:	
1 Septic tank    6 Seepage pit    11 Fuel storage    16 Other (specify below) 2 Sewer lines    7 Pit privy    12 Fertilizer storage 3 Watertight sewer lines    8 Sewage lagoon    13 Insecticide storage 4 Lateral lines    9 Feedyard    14 Abandoned water well 5 Cess Pool    10 Livestock pens    15 Oil well/Gas well	
Direction from well? <u>NW</u> How many feet? <u>310</u>	

FROM	TO	PLUGGING MATERIALS
0'	20'	BENTONITE 8"
20'	33'	BENTONITE 2"

DMW8

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/8/02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/year) <u>10/9/02</u> under the business name of <u>GEDCORE, INC.</u> by (signature) <u>[Signature]</u>
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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: 785/296-3565. Send one to Water Well Owner and retain one for your records.