

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: Kustom Auto Radio KMW 3

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: Error reported by Mapper user.

Address of owner in Garden City places well in Range 32 W, not Range 33 W.

Verification method: Address of owner confirmed on business' website. Location description on some wells in this monitoring series matches owner location in Garden City, using KGS Interactive Map.

Initials: DLS Date: 8/20/2019

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>NW 1/4 NW 1/4 NW 1/4</u>	<u>18</u>	<u>24</u>	<u>33W</u>

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

On Kustom Auto Radio lot, Garden City, KS.

2 WATER WELL OWNER: KUSTOM AUTO RADIO

RR#, St. Address, Box #: P.O. BOX 571

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: GARDEN CITY, KS 67846

Application Number:

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

N			
X			
N W		N E	
W			E
S W		S E	
S			

4 DEPTH OF WELL... 33 ...ft.

WELL'S STATIC WATER LEVEL... 23.55 ...ft.

WELL WAS USED AS:

- | | | |
|--------------|--------------------------|--------------------|
| 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..... |

Was a chemical/bacteriological sample submitted to Department? Yes..... No. ☒
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No. ☒

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... 2 ...in. Was casing pulled? Yes..... No. ☒ If yes, how much.....
 Casing height above or below land surface... 0 ...in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From... 0 ...ft. to... 33 ...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? N How many feet? 5

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

KMW3

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)... 10/7/02 ... 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/year) 10/9/02 under the business name of GEODRE, INC. by (signature) Dale Kelly

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.