County: Finey Fraction: NE SW NA	(50) Sec. (7)					
CORRECTION(S) TO WATER WELL COMPLETION RECOR	D Form WWC-5 (to rectify lacking or incorrect information)					
Owner: Kay Parks						
If location corrected, was listed as:	Location changed to:					
Section-Township-Range: $/9-245-32$ W Fraction (1/4 calls): $\leq W$	19-245-32 W					
Fraction (¼ calls):	NE SW NE SW					
Other changes: Initial statements: <u>Latitude</u> : 37° 53.	75'N, Longitude: 100° 41.98'W,					
NAD27						
Changed to: 37.95/09° N., -100.87722° W., AM WG584						
Comments:						
Verification method: Wellowner's address,	Finney County online parcel					
Verification method: Wellowner's address, Finney County online parcel search, and mapping tool & aerial photos on KGS website.						
	Initials: DRL Date: 1/9/20/9					
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Avenue, Lawrence, KS 66047-3724						
Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367						
	(01/26/2018)					

WATER WELL R		WWC-5		sion of Water				
Original Record		-		urces App. No.		Well ID		
1 LOCATION OF W.		Fraction 1/4 1/4 1/4	SW _{1/4} Sect	ion Number	Township Number			
				al Addrass wh	T 2 4 S	R 32 DE D W		
WELL OWNER: Last Name: Parks First: Kay Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:								
Address: 1/2 E. Bussiles Os. direction from nearest town or intersection): If at owner's address, check here:								
Address:								
	City State: k	6. ZIP.67846				,		
3 LOCATE WELL	4 DEPTH OF CO	MPLETED WELL:	250 ft.	5 Latitude	. 3 7 <i>53 , 1</i> 5	(decimal degrees)		
WITH "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 2.5.0 ft. Depth(s) Groundwater Encountered: 1)				(decimal degrees)			
N SECTION BOX.	2) ft. 3) ft., or 4) □ Dry Well			Horizonta	Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27			
	WELL'S STATIC WATER LEVEL: ft. Source for Latitude/Longitude:							
' '	below land surface, measured on (mo-day-yr)			GPS (unit make/model: 44.2 m. millan Mat				
NW NE		water was 1		· · · /				
W	1 -	rs pumping		☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
X'		water was		Onnie Wapper				
SW SE		rs pumping	gpm	(F) (1 28// A F A V A F A				
	Estimated Yield:	gpm		6 Elevation: 28ft. Ground Level 1700				
S mile				Source:				
7 WELL WATER TO		in. to	II.		J Other			
1. Domestic:		Jotor Sumply: wall ID		10 🗆 O:1 E:	old Water Supply loo			
Household		/ater Supply: well ID ing: how many wells?		10. 🗀 Oli 11	eid water Suppry. Teas - well ID	se		
Lawn & Garden		Recharge: well ID		11. Test Hole: well ID				
Livestock	8. Monitori	ng: well ID			nal: how many bores?			
2. Irrigation		ital Remediation: well II			d Loop Horizontal			
3. Feedlot	☐ Air Spar		Extraction			harge 🗌 Inj. of Water		
4. Industrial	Recover							
Was a chemical/bacter	iological sample sub	mitted to KDHE?	Yes No	If yes, date sa	mple was submitted:			
Water well disinfected?	Yes No							
8 TYPE OF CASING	USED: ☐ Steel ☐ P	VC Other	CASIN	IG JOINTS:	Glued Clamped	☐ Welded ☐ Threaded		
Casing diameter 5	in. to ان کر ان fi	, Diameter	in. to	ft., Diamete	r in. to	23/ ft.		
Casing height above land s TYPE OF SCREEN OR			C ? IDS./IL.	wan uncknes	s or gauge No	.3 <i>6</i> 54		
	less Steel Fib			□ Other (Specify)			
	anized Steel	icrete tile None \tag{\text{None } \tag{\text{V}}	ised (open hole)		ореспу)			
SCREEN OR PERFOR			` ' '					
Continuous Slot		Gauze Wrapped 🔲 To	orch Cut 🔲 Dr	rilled Holes 🔲	Other (Specify)			
	☐ Key Punched ☐		w Cut	one (Open Hole)			
SCREEN-PERFORATE	ED INTERVALS: Fro	. د کری . ft. to . کر کو . m	. C. ft., From	ft. to	ft., From	ft. to ft.		
GRAVEL PACK INTERVALS: From 2.20. ft. to								
					Δ 4-	Δ		
Grout Intervals: From								
Septic Tank								
Sewer Lines	☐ Cess Pool	☐ Sewage La		Fuel Storage		ed Water Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify)								
Direction from well?	<u>ν</u>	Distance from w		50 115	ft.	PLUGGING INTERVALS		
0 /2			FROM	167 LI		/		
1 1	Fine Sand	, ,	123	208 2	1 Sindye	ay A		
12 62	Tie Di med	do clay	208	220 1	2 2 2 4 9 4	Land Lead St		
73 82	Brown Sen	1 die	220	352	1 9 15	CV N Man a W		
82 126	Time En no	J STAL Mary	Karlot	-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-	كر المعطينة منا	//and		
126 123	Brown Su	. close				W		
133 142	Lin Dred S.	- John and	Notes:					
142 150 Brow Selely								
150 155 The 8) nec Send + crue 0								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or reconstructed, or plugged								
under my jurisdiction and was completed on (mo-day-year)								
under the business name of								
Mail 1 white copy alo	ng with a fee of \$5.00 for e	ach constructed well to: Kar	nsas Department	of Health and Fnv	ironment. Bureau of Wate	er. GWTS Section		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.								
Visit us at http://www.kdheks			KSA 82a-121			Revised 7/10/2015		