| County: Jefferson Fraction: SE NW                                 | NE sec. 1 T10 S R 18 E                                    |
|---|---|
| CORRECTION(S) TO WATER WELL COMPLETION RECO                       | ORD (WWC-5) - to rectify lacking or incorrect information |
| Owner:  |   |
| If corrected, location was listed as:                             | Location changed to:                                      |
| Section-Township-Range:   |   |
| Section-Township-Range:   | SE NW NE  |
| Other changes: Initial statements: Lax/Long inserts               | ced 39.213548 N, -95.354459                               |
| Other changes: Initial statements: Lat/Long insert                | location: 9207 vernana Rd.                                |
| Changed to:   | N.  |
| Comments:   |   |
| Verification method: Current wellowwr ye                          |   |
| From google earth.  |   |
|   | Initials: $\frac{10}{18}$ Date: $\frac{10/18/18}{18}$     |
| Submitted by: Kansas Geological Survey, Data Resources Library, 1 | 1. 1 1/2 1  |

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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WATER WELL RECORD KSA 82a-1201-1215

766

Konsas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Konsas 66620

| County   | Fraction NW NE | Sectio  | n number | Township number  | Range number               |  |  |
|--|----------------|---------|----------|--|----------------------------|--|--|
| 1. Location of well: Jeffeison   | NE 1/4 NW1/45E | 1/4     |          | T 10 s   | R / 8 E/W                  |  |  |
| 2. Distance and direction from nearest town or city: 1 (2).  |                |         |          |  |                            |  |  |
| Street address of well location if in city:  R.R. or street: R.R.    City, state, zip code: OSKal 2005 A, K& Colololo  |                |         |          |  |                            |  |  |
| 4. Locate with "X" in section below: / Sketch map:   |                |         |          |  |                            |  |  |
| N ( )  | Pasture        |         | 11       | Well depth 60 ft.  | 6-7-79                     |  |  |
| Wis-   | to well        |         |          | 7 Cable tool XRotary   |                            |  |  |
| NW   |                |         | - 11     | 8. Use: XDomestic P  | BoredReverse rotary        |  |  |
|  |                |         | II.      | ir conditioning Stock  |                            |  |  |
| SW SE  | . 1            | d house | .//      | LownC<br>9. Casing: Material Pre                             | oil field water Other      |  |  |
|  | Sheet 1400     |         | 41       | Threaded Welded  |                            |  |  |
| s //   |                |         |          | RMP PVC  | Weight 12.74 lbs./ft.      |  |  |
| 5. Type and color of material  | Prive          | From    | То       | Dia. in. to 40 ft. dep                                       |                            |  |  |
| 3. Type and color of material  |                | 110     | "        | 10. Screen: Manufacturer's                                   | name                       |  |  |
| Top Soil   |                | 0       | 4        | Type PLC   |                            |  |  |
|  |                | 41      | 20       | Slot/gauze   | Length                     |  |  |
| Brown Clay   |                | 17      | 12/      | Set betweenft.   | _ft. andft.                |  |  |
| Corse Creek  | Carrel         | 32      | 44       | Gravel pack? کوسی Size ro                                    | ange of material 10 fc/060 |  |  |
| Gray Shule   | /              | 44      | 60       | 11. Static water level:  20 ft. below lond su                | mo./day/yr.                |  |  |
| ,  |                |         |          | 12. Pumping level below land                                 |                            |  |  |
|  |                |         |          | ft. after  | hrs. pumpingg.p.m.         |  |  |
|  |                |         |          | Estimated maximum yield —                                    | hrs. pumping g.p.m.        |  |  |
|  |                |         |          | 13. Water sample submitted:                                  | mo./day/yr.                |  |  |
| ,  |                |         |          | Yes No   | Date                       |  |  |
|  |                |         |          | Pitless adapter  | 24 Inches above grade      |  |  |
|  |                |         |          | 15. Well grouted?  | _                          |  |  |
|  |                |         |          | Depth: From ft. to   | Bentonite Concrete         |  |  |
|  |                |         |          | 16. Nearest source of possibl                                | e contamination:           |  |  |
|  |                |         |          | ft. Direction Well disinfected upon comple                   |                            |  |  |
|  |                |         |          | 17. Pump:  | Not installed              |  |  |
|  |                |         | -        | Manufacturer's name<br>Model number                          | HP Volts                   |  |  |
|  |                |         |          | i  | ft. capacityg.p.m.         |  |  |
|  | <del></del>    |         |          | Type:<br>Submersible   | Turbine                    |  |  |
|  |                |         | †        | Jet  | Reciprocating              |  |  |
| (Use a second state of the |                |         | 1        | Centrifugal  | Other                      |  |  |
| 18. Elevation! 7/ 19. Remarks:   | Aul/ 5146      |         |          | 20. Water well contractor's of This well was drilled under m |                            |  |  |
| Topography:  |                |         |          | is true to the best of my know                               | redge and belief.          |  |  |
| iopography: Hill   |                |         |          | STRAGER DRIG O<br>Business name                              | License No                 |  |  |
| Slope  |                |         |          | Address RT1 Hol Tot  | n / 5.                     |  |  |
| Upland Valley  |                |         |          | Signed Authorized rep  | resentative Date           |  |  |

Forward the white, blue and pink copies to the Department af Health and Environment

BR. lew = 944 697 2 - 138 921 Form WWC-5

M1-1023