CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:	County: Sefferson Location changed to:
Section-Township-Range: 29-105-20 E	32-105-20E
Fraction (1/4 1/4 1/4): NE SW SE	C NE NE
Other changes: Initial statements:	
comments: According to Jane Hoskinson, the well is on property	
now owned by Eugene "Stip" Doane. About 18 mi. W. of intersection of	
Commenter 54th Rd. and Wild Horse Rd. is a driveway that goes ~18 mi. S. into	
the property to a house. The well is SW of the house, near the corect.	
verification method: Phone call to a previous owner, county owner-ship map,	
mapping tool & aerial photos on KGS website.	
initials: DRJ date: 3/25/2009	

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

? check in field USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY. Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 Range number 1 Location of well: 3 Owner of well: Kirk Si Address: Box 36 B Rt. #1 Distance and direction from nearest town or city: 3 M.S - 1/2 m E Linwood KAXS Street address of well location if in city: of McLouth, KANS 60 ft. Date of completion 4 Well depth: Locate with "X" in section below: Well diameter ________ in. _______ 5-8-7 1(Eugelie) 5 Cable tool X Rotary Driven Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary Dane 6 Use: Domestic Public supply Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐ 7 Casing: Material Puc Height: above/below Threaded Welded Surface 24 in. Weight 2.33 lbs./ft.. 5 in. to 60 ft. depth Drive shoe? Yes No _in.to ____ft.depth Type and color of material From 0 3 Set between 10 ft. and 20 ft. Fittings: Gravel pack X Yes No Size range of material 9 Static water level: No T Measureq ____ ft. below land surface Date 10 Pumping level below land surfaces: AiR TES/ _____ ft. after ____ hrs. pumping ____ ft. after ____ hrs. pumping ___ Estimated maximum yield ____ g.p.m. 11 Water sample submitted: **X** N₀ Yes 12 Well head completion: Pitless adapter 24 ☐ Inches above grade 13 Well grouted? X Yes □ No Neat cement Bentonite Depth: From Oft. to Oft. 14 Nearest source of possible contamination:
ft. 300 Direction £A57 Type SepTIC
Well disinfected upon completion? Yes No 15 Pump: Not installed Manufacturer's name _ Model number __ Length of drop pipe ... _ ft. capacity _ Type: ☐ Turbine Submersible ☐ Jet Reciprocating Certrifugal (use a second sheet if needed) Other 16 Remarks: elevation 17 Water well contractor's certification: This well was drilled under my jurisdiction and this 990 Sim map Topography: ПнП ☐ Slope

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Upland

Valley

Authorized representative