

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as 5-14S-6E

changed to NE NW NW, 5-14S-6E

Other changes: Initial statements: _____

Changed to: _____

Comments: well is near the corner of the old store building in the middle of Skiddy on the corner where the rd. goes N. from the main E-W rd.

verification method: Phone call to driller, written & legal descriptions, and

Skiddy 1:24,000 topo. map. initials: DRD date: 1/28/2002

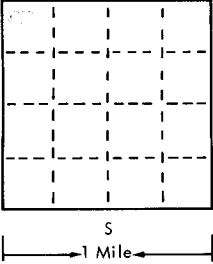
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <i>Moivre</i>	Township name <i>Rolling Prairie</i>	Fraction	Section number <i>5</i>	Town number 145 <i>145</i>	Range number 6E <i>6E</i>	
Distance and direction from nearest town or city: Street address of well location if in city: <i>Spiddy Rd. Spidley Ks.</i>			3 Owner of well: <i>R.D. Dankle</i> Address: <i>820 Grant ave Lot 43 Junction city, Ks. 66441</i>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <i>50</i> ft. Date of completion <i>6-13-75</i> Well diameter <i>9</i> in. <i>10 1/2 7 1/2 15-80</i>	
2 Type and color of material			From	To	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			<i>Yellow clay</i>	<i>0</i>	<i>20</i>	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
			<i>Limestone</i>	<i>20</i>	<i>30</i>	7 Casing: Material <i>Plastic</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>15</i> in. Diam. <i>Class</i> weight <i>160</i> lbs./ft. <i>5</i> in. to <i>50</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	
			<i>Water</i>	<i>30</i>		8 Screen: <i>Pumpco Supply</i> Manufacturer <i>Plastic</i> Dia. <i>5 1/2</i> Type <i>Plastic</i> Slot/gauze <i>8</i> Length <i>20</i> Set between <i>30</i> ft. and <i>40</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>30</i>	
			<i>Gray + Blue Shale rock</i>	<i>30</i>	<i>50</i>	9 Static water level: <i>30</i> ft. below land surface Date <i>6-13-75</i>	
(use a second sheet if needed)					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <i>5</i> ft. to <i>13</i> ft.		
					14 Nearest source of possible contamination: <i>septic</i> ft. <i>100</i> Direction <i>North</i> Type <i>septic</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16 Remarks: elevation					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Baehus Drilling 180</i> Business name _____ License No. _____ Address <i>Junction, Ks.</i> Signed <i>Paul Baehus</i> Date <i>6-16-75</i> Authorized representative				

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

Form WWC-5