

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 11-16S-4E

changed to NW, SE, NW, 11-16S-4E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Address on form, Herington map on internet,
& Herington 1:24,000 topo. map. initials: ARD date: 2/5/99

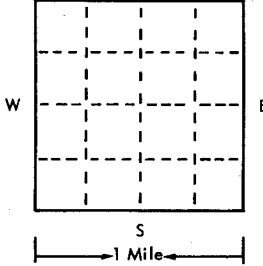
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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>Dickinson</i>	Township name	Fraction	Section number <i>11</i>	Town number <i>16S</i>	Range number <i>4E</i>	
Distance and direction from nearest town or city:				3 Owner of well: <i>Paul Olabal</i>			
Street address of well location if in city: <i>809 N. B.</i>				Address: <i>809 North B Houghton Ks.</i>			
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: <i>55</i> ft. Date of completion <i>5-14-75</i> Well diameter <i>9</i> in. <i>to 10' 7" 10 to 53</i>	
2 Type and color of material				From		To	
				<i>Yellow clay</i>		<i>0</i>	<i>6</i>
				<i>Limestone</i>		<i>6</i>	<i>52</i>
				<i>Water</i>		<i>52</i>	
				<i>Red shale</i>		<i>52</i>	<i>55</i>
				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			
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
				7 Casing: <i>Plastic</i> Height: above/below Threaded <input type="checkbox"/> Welded <i>102</i> in. Dia. <i>Class</i> Weight <i>160</i> lbs./ft. <i>5</i> in. to <i>52</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>5</i> in. to <i>52</i> ft. depth			
				8 Screen: <i>Pumco Special</i> Manufacturer Type <i>Plastic</i> Dia. <i>3 1/2</i> Slot/gauze <i>10</i> Length <i>10</i> Set between <i>45</i> ft. and <i>52</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>3/4</i>			
				9 Static water level: <i>35</i> ft. below land surface Date <i>5-14-75</i>			
				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 type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <i>0</i> ft. to <i>10</i> ft.			
				14 Nearest source of possible contamination: ft. <i>1 mi</i> Direction <i>North</i> Type <i>Pesture</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				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			
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley <i>this well is just for irrigation of the lawn</i>				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>Boethius Drilling 180</i> Business name _____ License No. _____ Address <i>Lawrence, Ks</i> Signed <i>Paul Boethius</i> Date <i>6-14-75</i> Authorized representative			

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

Form WWC-5