

County: DICKENSON Fraction: N2 SW Sec. 12 T. 16 S R. 4 E

CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)

Owner: Floyd Nelson

If location corrected, was listed as:

Section-Township-Range: _____

Fraction (¼ calls): NW NW NW

Location changed to:

N2 SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Well was plotting N of town, just W of wastewater treatment plant. corrected quarter calls to
N2 SW, about .5 mi SE.

Verification method: Location reported on well completion report, 218 N Broadway. KGS interactive
mapping program.

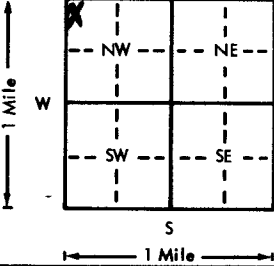
Initials: DLF Date: 1/24/2020

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
☐ Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County <u>Dickinson</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>12</u>	Township number <u>T 16 S</u>	Range number <u>R 4 E</u>
2. Distance and direction from nearest town or city: <u>City of</u> <u>218 N Broadway</u> <u>Hevington</u>		3. Owner of well: <u>Sheryl Nelson</u> R.R. or street: <u>218 N. Broadway</u> City, state, zip code: <u>Hevington Kas. 67440</u>				
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>9-20-75</u> Well depth <u>26</u> ft.		
5. Type and color of material		From	To	7. <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		
<u>Top Soil</u>		<u>0</u>	<u>2</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Lime Stone</u>		<u>2</u>	<u>40</u>	9. Casing: Material <u>Plastic</u> Height: <u>Above</u> or <u>below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>72</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> <u>160</u> lbs./ft. Dia. <u>5</u> in. to <u>8 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>8 1/2</u> ft. depth gage No. <u>4</u>		
<u>Yellow + Red Clay</u>		<u>40</u>	<u>78</u>	10. Screen: Manufacturer's name <u>Curtain</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>7/8</u> Length <u>28</u> Set between <u>66</u> ft. and <u>86</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>		
<u>Water</u>		<u>78</u>	<u>80</u>	11. Static water level: <u>56</u> ft. below land surface Date <u>9-20-75</u> mo./day/yr.		
<u>Lime Rock</u>		<u>80</u>	<u>86</u>	12. 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.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		
				14. Well head completion: <u>none, as decided on</u> ____ Pitless adapter to <u>completion</u> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>City Sewer</u> ft. <u>50</u> Direction <u>West</u> Type <u>Home</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. 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		
18. Elevation:		19. Remarks:		20. 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. <u>Paulus Dilling</u> <u>100</u> Business name License No. Address <u>Lampa Kas</u> Signed <u>Paulus Dilling</u> Date <u>10-5-75</u> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>Costome to run concrete slab around well</u>				

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

Form WWC-5