

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 11-12, 16S, 4E

changed to SE, NE, NW, 12-16S-4E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

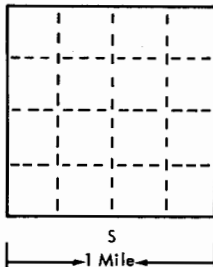
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

WATER WELL RECORD
KSA 82a-1201-1215

T		R		EW		sec	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$	No.

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

1 Location of well: <u>Dickerson</u>		County	Township name	Fraction	Section number <u>11-12</u>	Town number <u>16S</u>	Range number <u>4E</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>Herrington Hospital</u>			
Street address of well location if in city:				Address: <u>100 East Helen</u>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <u>70</u> ft. Date of completion <u>5-13-75</u> Well diameter <u>10</u> in.			
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	
		<u>Yellow clay</u>		<u>0</u>	<u>10</u>	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"/>	
		<u>Limestone</u>		<u>10</u>	<u>40</u>	7 Casing: Material <u>Plastic</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in. Diam. <u>6</u> in. to <u>70</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>10</u> in. to <u>70</u> ft. depth!	
		<u>Some water</u>		<u>40</u>	<u>45</u>	8 Screen: <u>Plastic Certain-Seal</u> Manufacturer <u>Plastic</u> Dia. <u>6"</u> Type <u>Plastic</u> Slot/gauze <u>10</u> Length <u>9.5'</u> Set between <u>55</u> ft. and <u>70</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>30</u>	
		<u>Limestone</u>		<u>40</u>	<u>60</u>	9 Static water level: <u>40</u> ft. below land surface Date <u>5-13-75</u>	
<u>Water</u>		<u>60</u>	<u>62</u>	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.			
<u>Limestone</u>		<u>62</u>	<u>67</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
<u>Red shale</u>		<u>67</u>	<u>70</u>	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 <u>3</u> ft. to <u>15</u> ft.			
				14 Nearest source of possible contamination: ft. <u>4 mi</u> Direction <u>North</u> Type <u>Posture</u> 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.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			
16 Remarks: elevation <u>this well is strictly for grass irrigation not for Public use</u>				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. <u>Bachus Drilling</u> <u>180</u> Business name _____ License No. _____ Address <u>Tempe, AZ</u> Signed <u>Paul Bachus</u> Date <u>6-14-75</u> Authorized representative			

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

Form WWC-5