

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 13-16S-4E

changed to NW, NE, NW, 13-16S-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: 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: <u>Dickinson Lyon</u>	Township name: _____	Fraction: _____	Section number: <u>13</u>	Town number: <u>16-S</u>	Range number: <u>4-E</u>
Distance and direction from nearest town or city: <u>City of</u>				3 Owner of well: <u>Robert Martin</u>		
Street address of well location if in city: <u>Herrington</u>				Address: <u>401 South H. Herrington</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>57</u> ft. Date of completion: <u>7-19-75</u> Well diameter: <u>4</u> in.		
				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 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"/> _____		
				7 Casing: Material <u>PKS</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>Class</u> Weight <u>160</u> lbs./ft. <u>5</u> in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>57</u> ft. depth		
				8 Screen: Manufacturer <u>Certain-teed</u> Type <u>Plastic</u> Dia. <u>5 1/2</u> Slot/gauze <u>1/8</u> Length <u>15</u> Set between <u>40</u> ft. and <u>55</u> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u>		
2		Type and color of material		From	To	9 Static water level: <u>20</u> ft. below land surface Date <u>7-20-75</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.
						11 Water sample submitted: <input type="checkbox"/> Yes <input 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 <u>3</u> ft. to <u>13</u> ft.
						14 Nearest source of possible contamination: ft. _____ Direction <u>None</u> Type _____ 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
		(use a second sheet if needed)				
16 Remarks: elevation				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>Backhus Drilling 180</u> Business name License No. Address <u>Tompa, Ks.</u> Signed <u>Paul Backhus</u> Date <u>7-20-75</u> Authorized representative		

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

Form WWC-5