

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 7-16-R-8

changed to NE NW NE, 7-16S-8E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: written & legal descriptions, platted map of Council Grove Lake
from County Assessor, and Council Grove Lake 1:24,000 initials: APR date: 1/28/2002
topo. map.

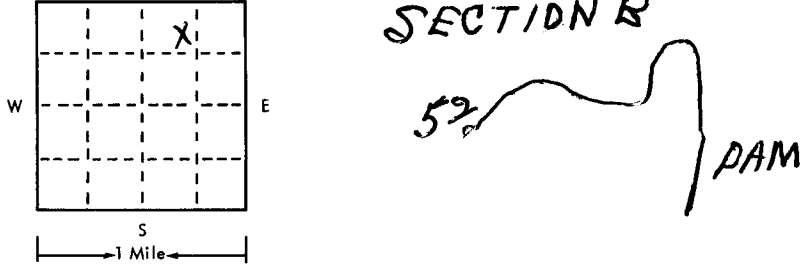
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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	Township name	Fraction	Section number	Town number	Range number	
MORRIS	TWO		7	16-B	R-B	
Distance and direction from nearest town or city:			3 Owner of well: JACK GORN			
Street address of well location if in city:			1500 UNIVERSITY DR B 52 Address: MANHATTAN KS 66502			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>60</u> ft. Date of completion <u>7-27-75</u> Well diameter <u>7</u> in.		
N				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		
W E				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 checked="" type="checkbox"/> <u>HUMAN</u>		
S ← 1 Mile →				7 Casing: Material <u>STYRANE</u> <input type="checkbox"/> Above/below Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. to <u>40</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth		
2 Type and color of material			From	8 Screen:		
<u>DIRTY GRAVE</u>			0	Manufacturer <u>JASSY LOWELL</u>		
<u>LIME ROCK</u>			3	Type <u>200</u> Dia. <u>5"</u>		
<u>SHALE BLUE</u>			23	Slot/gauze <u>S&W BLADE</u> <u>70</u>		
<u>SHALE RED</u>			34	Set between <u>40</u> ft. and <u>60</u> ft. <u>20</u>		
<u>LIME ROCK GRAY</u>			42	Fittings:		
<u>SHALE BLUE</u>			50	Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>		
				9 Static water level:		
				<u>20</u> ft. below land surface Date <u> </u>		
				10 Pumping level below land surfaces:		
				<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
				<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.		
				Estimated maximum yield <u> </u> g.p.m.		
				11 Water sample submitted:		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
				12 Well head completion:		
				<input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <u>12</u> 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 checked="" type="checkbox"/> <u>Concrete</u>		
				Depth: From <u>3</u> ft. to <u>15</u> ft.		
				14 Nearest source of possible contamination:		
				ft. <u> </u> Direction <u> </u> Type <u> </u>		
				Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump:		
				<input checked="" type="checkbox"/> Not installed		
				Manufacturer's name <u> </u>		
				Model number <u> </u> HP <u> </u> Volts <u> </u>		
				Length of drop pipe <u> </u> ft. capacity <u> </u> 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		
(use a second sheet if needed)				16 Remarks: elevation		
Topography:				17 Water well contractor's certification:		
<input type="checkbox"/> Hill				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input checked="" type="checkbox"/> Slope <u>TO SOUTH</u>				<u>L.H. KRAUSE SHOP 156A</u>		
<input type="checkbox"/> Upland				Business name <u> </u> License No. <u> </u>		
<input type="checkbox"/> Valley				Address <u>13 SOUTH BELFRY ST</u>		
				Signed <u>[Signature]</u> Date <u>7-29-75</u>		
				Authorized representative		

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