

County: Morris Fraction NE NE NE Sec. 7 T 16 S R 8 (EW)

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

Owner: Edna M. Rogers

Location was listed as:

Section-Township-Range: 23-16 S-7E

Fraction (1/4 1/4 1/4): SE SE NW

Location changed to:

7-16 S-8E

NE NE NE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

Verification method: Written description, sketch map, and mapping tool on KGS website.

initials: DR date: 10/3/2016

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: 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.

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>MORRIS</u>	Township name _____	Fraction <u>SESE NW</u>	Section number <u>23?</u>	Town number <u>16S</u>	Range number <u>7E</u>																														
Distance and direction from nearest town or city: <u>North of Council Grove.</u>			3 Owner of well: <u>Edna M. Rogers</u>																																	
Street address of well location if in city:			Address: <u>1224 N. Polk, Topeka, Ks.</u>																																	
Locate with "X" in section below: N W E S 1 Mile			Sketch map: <u>Large section</u> <u>110</u>		4 Well depth: <u>100</u> ft. Date of completion <u>7-11-74</u> Well diameter <u>7</u> in.																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Top soil</u></td> <td><u>0</u></td> <td><u>3</u></td> </tr> <tr> <td><u>limestone rock, blue flint, yellowish gray</u></td> <td><u>3</u></td> <td><u>25</u></td> </tr> <tr> <td><u>Shale, blue</u></td> <td><u>25</u></td> <td><u>65</u></td> </tr> <tr> <td><u>Shale, blue</u></td> <td><u>65</u></td> <td><u>75</u></td> </tr> <tr> <td><u>limy shale, gray</u></td> <td><u>75</u></td> <td><u>80</u></td> </tr> <tr> <td><u>shale, red</u></td> <td><u>80</u></td> <td><u>85</u></td> </tr> <tr> <td><u>shale, red</u></td> <td><u>85</u></td> <td><u>90</u></td> </tr> <tr> <td><u>shale, blue</u></td> <td><u>90</u></td> <td><u>100</u></td> </tr> <tr> <td><u>Total Depth 100ft.</u></td> <td></td> <td></td> </tr> </tbody> </table>			2 Type and color of material	From	To	<u>Top soil</u>	<u>0</u>	<u>3</u>	<u>limestone rock, blue flint, yellowish gray</u>	<u>3</u>	<u>25</u>	<u>Shale, blue</u>	<u>25</u>	<u>65</u>	<u>Shale, blue</u>	<u>65</u>	<u>75</u>	<u>limy shale, gray</u>	<u>75</u>	<u>80</u>	<u>shale, red</u>	<u>80</u>	<u>85</u>	<u>shale, red</u>	<u>85</u>	<u>90</u>	<u>shale, blue</u>	<u>90</u>	<u>100</u>	<u>Total Depth 100ft.</u>			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 checked="" type="checkbox"/> <u>HUMAN</u>	
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7 Casing: Material <u>Styrene</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5"</u> Weight _____ lbs./ft. _____ <u>5</u> in. to <u>80</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		8 Screen: Manufacturer <u>Jess and Lovell</u> Type <u>Styrene</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> Slot gauze Length <u>20ft</u> Set between <u>80</u> ft. and <u>100</u> ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____																																		
9 Static water level: <u>80</u> ft. below land surface Date <u>7-11-74</u>		10 Pumping level below land surface: <u>NA</u> 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: <u>Not Applicable</u> <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 checked="" type="checkbox"/> <u>Concrete</u> Depth: From <u>0</u> ft. to <u>15</u> ft.		14 Nearest source of possible contamination: <u>Pit</u> ft. <u>100</u> Direction <u>SE</u> Type <u>Privy</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.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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																																		
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>L.H. Krause</u> <u>156</u> Business name _____ License No. _____ Address <u>13 South Bel Sky</u> Signed _____ Date _____ Authorized representative																																				

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

Form WWC-5  
*L.H. Krause*  
Dec. 9 1974