

**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.

*check*

**Fraction ( 1/4 1/4 1/4) Section-Township-Range changed:**

listed as SW SW SE 7-19S-8E

changed to SW SW SE 7-20S-8E

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

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

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

**verification method:** Bob Sawin, topog

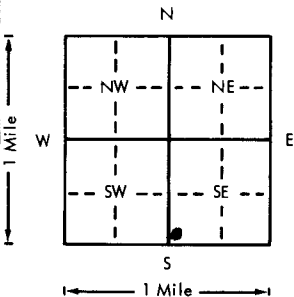
initials: \_\_\_\_\_ date: 2-23-01

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

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

1. Location of well: County <u>Chase</u> Fraction <u>Lot 15 SW 1/4 SW 1/4 SE 1/4</u> Section number <u>187</u> Township number <u>T 19 S</u> Range number <u>R 8 E/W</u>	
2. Distance and direction from nearest town or city: <u>4 S - 3/8 W</u> Street address of well location if in city: <u>Cottonwood Falls</u> 3. Owner of well: <u>Jim Fink</u> R.R. or street: <u>RR-1</u> City, state, zip code: <u>Cottonwood Falls, KS 66845</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
<u>No. 1</u>	
<u>CL - Bnn</u>	From <u>0</u> To <u>3</u>
<u>Lime</u>	From <u>3</u> To <u>3.5</u>
<u>Shale yellow with Lime Lens</u>	From <u>3.5</u> To <u>17</u>
<u>Shale Variegated Red Green Blue</u>	From <u>17</u> To <u>24</u>
<u>Lime (soft)</u>	From <u>24</u> To <u>29</u>
<u>Shale Gray</u>	From <u>29</u> To <u>32</u>
<u>Bkn in Lime &amp; Sh</u>	From <u>32</u> To <u>39</u>
<u>Hard DK Gray Lime w chert</u>	From <u>39</u> To <u>42</u>
<u>Calc Shale Blue</u>	From <u>42</u> To <u>44</u>
<u>TD</u>	
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	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>McNee Drilling 203</u> Business name License No. Address <u>Cottonwood Falls, KS.</u> Signed <u>J. McNee</u> Date <u>8/20/78</u> Authorized representative

6. Bore hole dia. <u>10</u> in. Completion date <u>8/20/78</u> <input checked="" type="checkbox"/> Well depth <u>44</u> ft.
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
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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>8</u> in. to <u>19</u> ft. depth; Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth; gage No. <u>3/8</u>
<input checked="" type="checkbox"/> Screen: Manufacturer's name _____ Type <u>Open Hole</u> Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
11. Static water level: _____ ft. below land surface Date <u>8/20/78</u> mo./day/yr.
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>2</u> g.p.m.
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12"</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>11</u> ft.
16. Nearest source of possible contamination: ft. <u>90</u> Direction <u>west</u> Type <u>Creek</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

T 19 S R 8 E W Sec 7

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

Form WWC-5