

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 Lot 16, 33-22-5E

changed to SE SE SW, 33-22S-5E

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

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

Comments: Well is on S. end of Church St. in Burns,  
next to county line.

verification method: Phone call to well owner, legal & written descriptions,  
city map on internet, and Burns 1:24,000 topo map. initials: DRD date: 3/1/2002

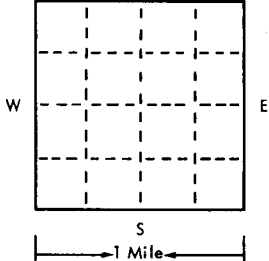
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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 820-1201-1215

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

1 Location of well:	County <u>Marion</u>	Township name <u>Burns city</u>	Fraction <u>Lat 16</u>	Section number <u>33</u>	Town number <u>22</u>	Range number <u>5E</u>																													
Distance and direction from nearest town or city:				3 Owner of well: <u>Glaustrotkamp</u>																															
Street address of well location if in city: <u>Burns</u>				Address: <u>Burns</u>																															
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:																																
2 Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Gumbo</u></td> <td><u>18</u></td> <td></td> </tr> <tr> <td><u>Gine</u></td> <td><u>10</u></td> <td><u>28</u></td> </tr> <tr> <td><u>Soap Stone</u></td> <td><u>22</u></td> <td><u>50</u></td> </tr> <tr> <td><u>Gine</u></td> <td><u>5</u></td> <td><u>55</u></td> </tr> <tr> <td><u>Blue Shale</u></td> <td><u>5</u></td> <td><u>65</u></td> </tr> <tr> <td><u>Red Rock</u></td> <td><u>10</u></td> <td><u>85</u></td> </tr> <tr> <td><u>Brown shale</u></td> <td><u>5</u></td> <td><u>80</u></td> </tr> <tr> <td><u>Gine</u></td> <td><u>20</u></td> <td><u>100</u></td> </tr> <tr> <td colspan="3" style="text-align: center;">(use a second sheet if needed)</td> </tr> </tbody> </table>			Type and color of material	From	To	<u>Gumbo</u>	<u>18</u>		<u>Gine</u>	<u>10</u>	<u>28</u>	<u>Soap Stone</u>	<u>22</u>	<u>50</u>	<u>Gine</u>	<u>5</u>	<u>55</u>	<u>Blue Shale</u>	<u>5</u>	<u>65</u>	<u>Red Rock</u>	<u>10</u>	<u>85</u>	<u>Brown shale</u>	<u>5</u>	<u>80</u>	<u>Gine</u>	<u>20</u>	<u>100</u>	(use a second sheet if needed)			4 Well depth: <u>100</u> ft. Date of completion <u>3-18-76</u> Well diameter <u>9</u> in.		
			Type and color of material	From	To																														
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(use a second sheet if needed)																																			
			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 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"/>																																
			7 Casing: Material <u>Plus</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. Diam. <u>1 1/2</u> lbs./ft. <u>6</u> in. to <u>100</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ in. to ___ ft. depth																																
			8 Screen: Manufacturer <u>plus</u> Type ___ Dia. ___ Slot/gauze ___ Length <u>40 ft</u> Set between <u>60</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>50</u> ft. below land surface Date <u>3-17-76</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 checked="" type="checkbox"/> No Date ___																																
			12 Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> 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>top</u> to <u>20 ft</u>																																
			14 Nearest source of possible contamination: ft. <u>50</u> Direction ___ Type ___ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																
			15 Pump: <input 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 type="checkbox"/> Slope <input checked="" 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>Glaustrotkamp Water Well</u> Business name License No. <u>278</u> Address <u>Marion, Kas</u> Signature <u>W. H. ...</u> Date <u>3-17-76</u>																																

22 5E 33

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

Form WWC-5