

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Sumner

Location listed as:

Section-Township-Range: 24-305-1E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

Location changed to:

24-305-1E

SW SE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Legal and written descriptions, position on plat map,
and Belle Plaine 1:24,000 topo. map.

initials: DRL date: 3/31/2005

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 Sumner	Township name Belle Plaine	Fraction	Section number 24	Town number 30S	Range number 1E
Distance and direction from nearest town or city: 2 1/2 miles North			3 Owner of well: R. & R. Inc.			
Street address of well location if in city: of Belle Plaine, Ks.			Address: R. # 2 Belle Plaine, Kansas 67013			
Locate with "X" in section below:		Sketch map: Chuck Ferry Lot 3		4 Well depth: 36 ft. Date of completion 3-17-75 Well diameter 11 in.		
		5 <input type="checkbox"/> Cable tool <input checked="" 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 Styrene Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 36 Weight _____ lbs./ft. _____ 5 in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material				From	To	8 Screen: Sunflower Plastic Manufacturer Styrene Dia. 5" Type Styrene Slot/gauze .005 Length 10 Set between 26 ft. and 36 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4-1/8"
Dirt and Fine Blow Sand				0	5	9 Static water level: 16' ft. below land surface Date 3-17-75
Medium Sand				5	33	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.
Shale				33	36	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
						12 Well head completion: capped <input type="checkbox"/> Pitless adapter 12 <input checked="" 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 0 ft. to 12 ft.
						14 Nearest source of possible contamination: NONE ft. _____ Direction _____ 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 Septic tank to be installed over 50' East of well. Septic tank was not installed at time well was drilled.			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. Harp Well & Pump SERV. 236 Business name _____ License No. _____ Address Wichita, Kansas 67209 Signed Mrs. Arnold Date 3-17-75 Authorized representative			

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

Form WWC-5