

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

(to rectify lacking or incorrect information)

County: Sumner

Location listed as:

Section-Township-Range: 5-30S-2EFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

Location changed to:

5-30S-2ENW SE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: Current address of Complete Septic is 1473 Hwy. K15,
Mulvane, KS.verification method: Written & legal descriptions, current address of
well owner, area map on internet, and Mulvane 1:24,000
topo. map. initials: APL date: 4/1/2005

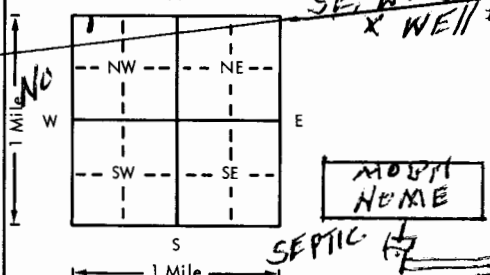
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

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.

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>Sumner</u> <u>Garce</u>		Fraction <u>3 Acres</u> <u>NE 1/4 of Sec. 4</u> 1/4 1/4 1/4	Section number <u>5</u>	Township number T <u>30</u> S <u>2</u> R <u>2</u> <u>EW</u>	Range number <u>Also described as tract 1</u>
2. Distance and direction from nearest town or city: <u>0.7 Mulvane</u> Street address of well location if in city:		3. Owner of well: <u>Complete Excavating & Septic Tank Serv. Inc</u> R.R. or street: <u>9217 S.E. Blvd</u> City, state, zip code: <u>Mulvane Kansas 67110</u>			
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 		6. Bore hole dia. <u>11.25</u> in. Completion date <u>6/14/76</u> Well depth <u>X</u> ft.			
5. Type and color of material		From	To	7. <u>X</u> Cable tool <u>X</u> Rotary <u> </u> Driven <u> </u> Dug <u> </u> Hollow rod <u> </u> Jetted <u> </u> Bored <u> </u> Reverse rotary	
<u>TOP SOIL</u>		<u>0</u>	<u>1</u>	8. Use: <u>X</u> Domestic <u> </u> Public supply <u> </u> Industry <u>X</u> Irrigation <u> </u> Air conditioning <u> </u> Stock <u>X</u> Lawn <u> </u> Oil field water <u> </u> Other	
<u>YELLOW CLAY</u>		<u>1</u>	<u>10</u>	9. Casing: Material <u>PLAS</u> Height: <u>Above</u> or below Threaded <u> </u> Welded <u>9/16</u> Surface <u>20"</u> in. RMP <u>X</u> PVC <u> </u> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>22</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>250</u>	
<u>FINE SAND</u>		<u>10</u>	<u>14</u>	10. Screen: Manufacturer's name <u>JESSUP</u> <u>+ LOWELL</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/4</u> Length <u>27'8"</u> Set between <u>30</u> ft. and <u>X</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/4 DOWN</u>	
<u>COARSE GRAVEL</u>		<u>14</u>	<u>25</u>	11. Static water level: <u>8'</u> ft. below land surface Date <u>X</u> mo./day/yr.	
<u>LIME STONE ROCK</u>		<u>25</u>	<u>26</u>	12. Pumping level below land surfaces: <u>10</u> ft. after <u>2</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
				13. Water sample submitted: <u> </u> mo./day/yr. <u> </u> Yes <u>X</u> No Date <u> </u>	
				14. Well head completion: <u> </u> Pitless adapter <u>20</u> inches above grade	
				15. Well grouted? <u>yes</u> With: <u> </u> Neat cement <u> </u> Bentonite <u>X</u> Concrete Depth: From <u>18</u> ft. to <u>0</u> ft.	
				16. Nearest source of possible contamination: ft. <u>80</u> Direction <u>S.W</u> Type <u>SEPTIC</u> Well disinfected upon completion? <u>X</u> Yes <u> </u> No	
				17. Pump: <u>Not installed</u> Manufacturer's name <u>PUMPCO</u> Model number <u>225-711</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>18</u> ft. capacity <u>10</u> g.p.m. Type: <u>X</u> Submersible <u> </u> Turbine <u> </u> Jet <u> </u> Reciprocating <u> </u> Centrifugal <u> </u> Other	
18. Elevation:		19. Remarks: <u>SLAB Poured</u> <u>PUMP IN OPERATION</u>		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>CDNWLS</u> <u>X</u> Business name <u> </u> License No. <u> </u> Address <u>9217 S.E. Blvd</u> Signed <u>Henry A. Pope</u> Date <u>6/14/76</u> Authorized representative	

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

Form WWC-5