

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

(to rectify lacking or incorrect information)

County: Sumner

Location listed as:

Section-Township-Range: 5-305-2E

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

Location changed to:

5-305-2E

NW 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: DRJ 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> Gooder	Fraction <u>3 Acres</u> <u>NE of Sec. 4</u> 1/4 1/4 1/4	Section number <u>5</u>	Township number T <u>30</u> S	Range number <u>Also described as Tract</u> R <u>2</u> E <u>W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>of Mulvane</u> <u>1/2 E - 1/2 S on K-15</u>		3. Owner of well: <u>Complete Excavating & Septic Tank Service Inc</u> R.R. or street: <u>9217 S.E. Blvd.</u> City, state, zip code: <u>Mulvane Kans. 67110</u>		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia <u>16 1/2</u> in. Completion date <u>6/2/72</u> X Well depth _____ ft.		
5. Type and color of material	From	To	7. <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		
<u>TOP SOIL</u>	<u>0</u>	<u>1</u>	8. 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"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>YELLOW CLAY</u>	<u>1</u>	<u>10</u>	9. Casing: Material <u>PLAS</u> Height: <u>(Above)</u> or below Threaded _____ Welded <u>GLV</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ 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>+ HOWELL</u> Type <u>RMP</u> Dia. <input checked="" type="checkbox"/> Slot/gauze <u>1/16</u> Length <input checked="" type="checkbox"/> Set between <u>60</u> ft. and <input checked="" type="checkbox"/> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4 DOWN</u>		
<u>COURSE GRAVEL</u>	<u>14</u>	<u>25</u>	11. Static water level: _____ mo./day/yr. <u>8</u> ft. below land surface Date <input checked="" type="checkbox"/>		
<u>1/2 LIME STONE ROCK</u>	<u>25</u>	<u>40</u>	12. 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.		
<u>BLUE SHALE</u>	<u>40</u>	<u>60</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: _____ Pitless adapter _____ Inches above grade		
			15. Well grouted? <u>yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>52</u> ft. to <u>0</u> ft.		
			16. Nearest source of possible contamination: ft. <u>85</u> Direction <u>SW</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
			17. Pump: _____ 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		
18. Elevation:	19. Remarks: <u>WELL GROUTED</u> <u>SLAB POUTED</u> <u>PUMP NOT INSTALLED</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>CDWWS</u> <input checked="" type="checkbox"/> Business name _____ License No. _____ Address <u>9217 SE Blvd</u> Signed <u>Jerry A. [Signature]</u> Date <u>6/2/72</u> Authorized representative		

T 30 R 2 E W 5 1/4 1/4 1/4

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

Form WWC-5