

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

(to rectify lacking or incorrect information)

County: Sumner

Location listed as:

Section-Township-Range: 29-315-2E

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

Location changed to:

29-315-2E

SE SW SW

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

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

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

verification method: Written & legal descriptions, position on plat map,  
and Belle Plaine 1:24,000 topo. map.

initials: DR date: 4/1/2005

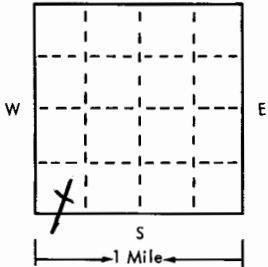
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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

1 Location of well:	County <b>Sumner</b>	Township name <b>Palestine</b>	Fraction	Section number <b>29</b>	Town number <b>31S</b>	Range number <b>2E</b>		
Distance and direction from nearest town or city: <b>2 East</b> Street address of well location if in city: <b>4 1/2 South of Belle Plaine, Ks.</b>			3 Owner of well: <b>Theadore Neises R#2</b> Address: <b>Belle Plaine, Kansas</b>					
Locate with "X" in section below: 			Sketch map:			4 Well depth: <b>45</b> ft. Date of completion <b>3-19-75</b> Well diameter <b>11</b> in.		
2 Type and color of material			From	To	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			
			Dirt and top soil		0	3	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	
			Clay		3	15	7 Casing: Material <b>Styrene</b> Height: above/below <b>12 1/4</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12 1/4</b> in. Diam. <b>5</b> in. to <b>45</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
			Sand		15	40	8 Screen: <b>Sunflower Plastic</b> Manufacturer <b>Styrene</b> Dia. <b>5"</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.005</b> Length <b>15'</b> Set between <b>30</b> ft. and <b>45</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4-1/8"</b>	
Shale			40	45	9 Static water level: <b>16</b> ft. below land surface Date <b>3-19-75</b>			
					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 type="checkbox"/> No Date _____			
					12 Well head completion: <b>capped</b> <input type="checkbox"/> Pitless adapter <b>12</b> <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 <b>0</b> ft. to <b>12</b> ft.			
					14 Nearest source of possible contamination: <b>Septic tank</b> ft. <b>100</b> Direction <b>South</b> Type <b>tank</b> 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			
16 Remarks: elevation			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. <b>Harp Well &amp; Pump 236</b> Business name <b>Wichita, Kansas</b> License No. <b>67209</b> Address _____ Signed <b>Harry Ornell</b> Date <b>3-20-75</b> Authorized representative					

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

Form WWC-5