

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

(to rectify lacking or incorrect information)

County: Pottawatomie

Location listed as:

Location changed to:

Section-Township-Range: 6-65-9E

1-65-8E

Fraction (1/4 1/4 1/4): SF

NE NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, county ownership map, position on plat map, and Frankfort & Frankfort SW 1:24,000 topo. maps (buildings shown on map). initials: DRJ date: 9/13/2005

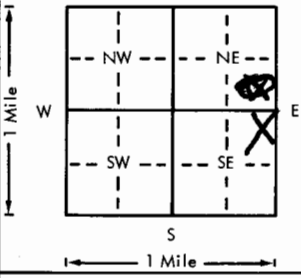
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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

NE NE SE

1. Location of well:	County <u>Pottawatomie</u>	Fraction <u>SE 1/4</u> 1/4 1/4 1/4	Section number <u>2</u>	Township number <u>6 South</u>	Range number <u>9 east</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>10 South Frankfort</u> <u>3 West 1 mi South</u>		3. Owner of well: R.R. or street: City, state, zip code: <u>Francis Strunk</u> <u>Blaine K.S.</u>		
4. Locate with "X" in section below: N W E S 1 Mile	Sketch map: 		6. Bore hole dia. <u>10</u> in. Completion date <u>May 16-77</u> Well depth <u>86</u> ft.		
5. Type and color of material			7. <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		
			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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From To			9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>86</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <u>Sch 40</u>		
			10. Screen: Manufacturer's name <u>Pumped</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>.040</u> Length <u>40</u> Set between <u>20</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4" X 1/4"</u>		
Clay to Rock limestone yellow Shale red Rock lime + flint rock Shale Blue Hard Rock Lime hard Clay soft Shale Hard red Shale Blue			11. Static water level: <u>30</u> ft. below land surface Date <u>5-16-77</u> mo./day/yr.		
			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>7</u> g.p.m.		
(Use a second sheet if needed)			13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter ____ inches above grade		
18. Elevation: <u>1415</u> Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>4</u> ft.		
			16. Nearest source of possible contamination: <u>100</u> ft. Direction <u>west</u> Type <u>Ditch</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Remarks:			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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		
			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>Strader Drilling Co 23</u> Business name License No. _____ Address <u>Blue Rapids</u> Signed <u>Harold Strader</u> Date <u>5-16-77</u> Authorized representative		

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

Form WWC-5