

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

(to rectify lacking or incorrect information)

County: Jackson

Location listed as:

Section-Township-Range: 18-75-16E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NE SW

Location changed to:

18-75-16E

NW SE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

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

initials: DRD date: 9/7/2005

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.

82

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

SE NE-SW Mr. Applehamz

1 Location of well:		County JACKSON	Township name FRANKLIN	Section number 18	Town number 7 S	Range number 16 E
2 Distance and direction from nearest town or city: 2 1/2 E 1 S				3 Owner of well: MRS. KENNETH GUFFEY		
Street address of well location if in city: HOITON, KS				Address: RFD 2 HOITON, KANSAS 66436		
Locate with "X" in section below:		Sketch map:		4 Well depth: 80 ft. Date of completion 1-5-76 Well diameter 10 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		
				7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 48 in. Diam. Weight 2.33 lbs./ft. 5 in. to 80 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Type and color of material		From	To	8 Screen: Manufacturer Pump Co Type PVC Dia. 5" Slot/Length 1.025 20 Set between 25 ft. and 35 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material .030-080		
Top Soil		0	7	9 Static water level: 12 ft. below land surface Date 1-5-76		
Grey Clay		7	10	10 Pumping level below land surfaces: AIR TEST ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 4 g.p.m.		
Grey Sandy Clay		10	13	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
COARSE SAND		13	21	12 Well head completion: CAPPED <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
Grey shale		21	35	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 5 ft. to 10 ft.		
Shale + limestone STRIPS		35	80	14 Nearest source of possible contamination: ft. 500 Direction SE Type S. Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
fairly hard				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name INCHLI Model number 554B HP 1/2 Volts 230 Length of drop pipe 70 ft. capacity 5 g.p.m. Type: <input checked="" 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)				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. STRADER Dalg. Co Inc 182 Business name License No. Address RFD 1 HOITON, KS Signed Doug Adams Date 1-7-76 Authorized representative		
16 Remarks: elevation 1000 OWNER TO INSTALL SLAB						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

7 16E 18 NUNESCU

BR=979
D=188

✓