

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

(to rectify lacking or incorrect information)

County: Jackson

Location listed as:

Section-Township-Range: 35-75-16E

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

Location changed to:

35-75-16E

SW NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: written & legal descriptions, county ownership map, and aerial photo on KGS website.

initials: ORA date: 9/7/2005

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 Jackson	Township name	Fraction NE 1/4 SW 1/4 - NW 1/4	Section number 35	Town number 7	Range number 16 E
Distance and direction from nearest town or city: 1 mi. E Denison			3 Owner of well: Roger Will			
Street address of well location if in city:			Address: RR 1 Denison, Kansas 66419			
Locate with "X" in section below:			Sketch map:		4 Well depth: 100 ft. Date of completion _____ Well diameter 10 in. 5-16-78	
					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 <input type="checkbox"/>	
2			Type and color of material		7 Casing: Material PVC Height: above /below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. _____ Weight 2.74 lbs./ft. _____ 5 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth: 258 WALL	
					8 Screen: Manufacturer Pumpco Type PVC Dia. 5" 5/16 gauze 1020 Length _____ Set between 35 ft. and 50 ft. 15 Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 10/20	
					9 Static water level: 30 ft. below land surface Date 5-16-78	
					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 12 g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: Top Cap <input type="checkbox"/> Pitless adapter 24 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 5 ft. to 15 ft.	
					14 Nearest source of possible contamination: sheep ft. 500 Direction SW Type Burn Well disinfected upon completion? <input 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 1120' Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	
					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 DRILG CO INC 182 Business name License No. Address RT 1 Holton, ks Signed Dale Padem Date 5-17-79 Authorized representative	

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

Form WWC-5

BR = 1058

D = 1093

7
16 E 35
NE SW NW