

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 21-7-8E

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

County: Pottawatomie

Location changed to:

21-7S-8E

SE SE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, sketch map,
and county ownership map.

initials: DRH date: 9/14/2005

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 66612-1267

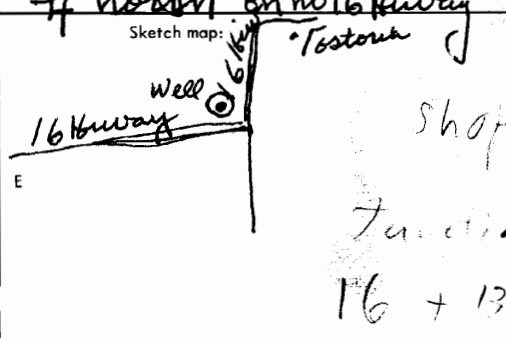
N E 1/4 21-7-8

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

WATER WELL RECORD
KSA 82a-1201-1215
SESE NW
NWSESE

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 Pott.	Township name Shannon	Fraction SESE NW	Section number 21	Town number 7	Range number 8E																																													
Distance and direction from nearest town or city: 6 miles east of Elsberg Kans				3 Owner of well: Robert Tyler																																															
Street address of well location if in city: 16 miles east 1/4 north on 16 Hwy				Address: Elsberg Kans																																															
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: 140 ft. Date of completion: 10-10-75 Well diameter: 7 in. 16" to 17"																																															
2 Type and color of material				5 <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																																															
				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"/>																																															
<table border="1"> <thead> <tr> <th>Type and color of material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>topsoil</td><td>0</td><td>3'</td></tr> <tr><td>Brown Clay</td><td>3</td><td>10'</td></tr> <tr><td>Rock</td><td>10</td><td>14'</td></tr> <tr><td>Blue Shale</td><td>14</td><td>19'</td></tr> <tr><td>Red shale</td><td>19</td><td>40</td></tr> <tr><td>Hard Blue Rock</td><td>40</td><td>64</td></tr> <tr><td>Hard limestone</td><td>64</td><td>75</td></tr> <tr><td>White Limestone</td><td>75</td><td>84</td></tr> <tr><td>Blue Shale</td><td>84</td><td>86</td></tr> <tr><td>Soft Blue shale</td><td>100</td><td>104</td></tr> <tr><td>Hard Blue Rock</td><td>104</td><td>128</td></tr> <tr><td>Hard Flint rock</td><td>128</td><td>131</td></tr> <tr><td>Hard Lime rock</td><td>131</td><td>135</td></tr> <tr><td>Light color Shale</td><td>135</td><td>140</td></tr> </tbody> </table>				Type and color of material	From	To	topsoil	0	3'	Brown Clay	3	10'	Rock	10	14'	Blue Shale	14	19'	Red shale	19	40	Hard Blue Rock	40	64	Hard limestone	64	75	White Limestone	75	84	Blue Shale	84	86	Soft Blue shale	100	104	Hard Blue Rock	104	128	Hard Flint rock	128	131	Hard Lime rock	131	135	Light color Shale	135	140	7 Casing: Material: 5" 140 Height: above 20 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 20 in. Diam. 5" Weight 160 lbs./ft. 5 in. to 140 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to ft. depth		
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16 Remarks: elevation 1445 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				8 Screen: Manufacturer: Home Perf Type: PVC Dia. 5" Slot/gauze: 40 Length: 40' Set between 55 ft. and 95 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: 1/4" to 1/2"																																															
				9 Static water level: 40 ft. below land surface Date: 10-10-75																																															
				10 Pumping level below land surfaces: Baler test ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield: 1 1/2 g.p.m.																																															
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____																																															
				12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input 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 5 ft. to 17 ft.																																															
				14 Nearest source of possible contamination: 1000' ft. 1000' Direction: north Type: oil tank 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.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																																															
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 Drilling Co 237 Business name: Blue Rapids License No.: _____ Address: Harold Strader Date: 10-10-75 Signed: Harold Strader Authorized representative																																																			

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

Form WWC-5