

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

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

**Fraction ( 1/4 1/4 1/4) Section-Township-Range changed:**

listed as 5-11-19

changed to NE, SW, SW, 4-11S-19W

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

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

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

verification method: written description, hand-drawn map, written comments,  
legal loc., Zurich & Plainville SW 1:24,000 top. map initials: ARL date: 2/8/99

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <i>Ellis</i>	Township name <i>Rice View</i>	Fraction	Section number <i>5</i>	Town number <i>11</i>	Range number <i>19</i>
Distance and direction from nearest town or city: <i>Zurich south 10 miles south.</i>			3 Owner of well: <i>Josephine Wickham</i> Address: <i>503 E 13 St. Ellis, Kansas 67637</i>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <i>92</i> ft. Date of completion <i>10-11-75</i> Well diameter <i>9</i> 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		
2 Type and color of material		From		To		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"/>
						7 Casing: Material <i>PVC</i> Height: <i>above</i> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. Diam. _____ Weight _____ lbs./ft. _____ <i>5</i> in. to <i>92</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
<i>Brown Clay</i>		<i>0</i>		<i>20</i>		8 Screen: Manufacturer <i>Jesse Lowell</i> Type <i>PVC</i> Dia. <i>5"</i> Slot/gauze <i>1/8</i> Length <i>10'</i> Set between <i>92</i> ft. and <i>82</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
<i>Blue shale</i>		<i>20</i>		<i>80</i>		9 Static water level: <i>82</i> ft. below land surface Date <i>10-11-75</i>
<i>Fine SAND</i>		<i>80</i>		<i>92</i>		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>20</i> g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: <input type="checkbox"/> Pitless adapter <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 <i>20</i> ft. to <i>30</i> ft.
						14 Nearest source of possible contamination: ft. <i>2000</i> Direction <i>South</i> Type <i>Drain</i> 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. <i>PAJ Well Drg. 269A</i> Business name _____ License No. _____ Address <i>PAJ OKS</i> Signed <i>Paul Johnson</i> Date <i>1-6-76</i> Authorized representative
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<i>well is Right on top of High hill. concert. base WAS installed by customer.</i>				

11 / 19 W 5 NE SE NE

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

Form WWC-5