

County: Gove Fraction NE SW NE Sec. 31 T 11 S R 26 E/W

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)
(to rectify lacking or incorrect information)

Owner: Max Mann

Location was listed as:

Location changed to:

Section-Township-Range: 31-10 S-26

31-11 S-26 W

Fraction (1/4 1/4 1/4): NE SW NE

NE SW NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: written & legal descriptions, water rights information in WIMAS database, and mapping tool on KGS website.

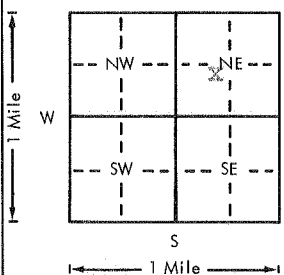
initials: DR date: 7/5/2013

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

<input checked="" type="checkbox"/> Location of well:	County <u>Gove</u>	Fraction <u>NE 1/4 SW 1/4 NE 1/4</u>	Section number <u>31</u>	Township number <u>T 10 S</u>	Range number <u>R 26 E/W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1/4 W & 1/4 S of Quinter</u>			3. Owner of well: <u>Max Mann</u> R.R. or street: <u>Quinter, Ks. 67736</u> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>14</u> in. Completion date _____ Well depth <u>125</u> ft. <u>6/2/77</u>
silt and clay			0	50	7. <input 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 checked="" type="checkbox"/> Reverse rotary
sandstone and clay			50	80	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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
clay			80	95	9. Casing: Material <u>plts</u> Height <u>Above</u> or below Threaded _____ Welded <u>61</u> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>8</u> in. to <u>125</u> ft. depth, Wall Thickness: inches or Dia. _____ in. to _____ ft. depth, gage No. <u>3/8 in.</u>
sand & gravel (some clay layers)			95	125	10. Screen: Manufacturer's name _____ <u>Peerless Plastics</u> Type <u>PVC</u> Dia. <u>8 in.</u> Slot/gauze <u>1/8 in.</u> Length <u>30</u> Set between <u>95</u> ft. and <u>125</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 down</u>
yellow clay				125	11. Static water level: _____ mo./day/yr. <u>80</u> ft. below land surface Date <u>6/2/77</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>90</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <u>clay</u> neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No
					17. 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
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:		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>Aqua Well Drilling 281</u> Business name _____ License No. _____ Address <u>Gove, Ks. 67736</u> Signed <u>[Signature]</u> Date <u>7-10-77</u> Authorized representative		

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

Form WWC-5