

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 34-135-18

changed to NW NW SW, 34-135-18W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Sketch map on form, Hays city map, and

Hays North 1:24,000 topo. map. initials: DRB date: 5/14/2001

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.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County ELLIS		Xraction 1/4 1/4 1/4		Section number 34	Township number T 13 S R 18 E/W	Range number
2. Distance and direction from nearest town or city: in City Limits				3. Owner of well: Dick Augustine		
Street address of well location if in city: EAST Hwy 40				R.R. or street: XXXX Hwy 40 East Hwy 40		
				City, state, zip code: HAYS KS. 67601		
X Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 7 7/8 in. Completion date 8-25-77 Well depth 75 ft.		
				7. <input checked="" 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		
5. Type and color of material		From	To	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Top soil		0'	3'	9. Casing: Material STEEL Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 1' in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 75 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200		
Clay		3'	25'	10. Screen: Manufacturer's name Jess + Lowell Type _____ Dia. 5" Slot/gauze _____ Length 10' Set between 6.5 ft. and 75 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____		
Streaks of Sand		25'	30'	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
Clay		30'	50'	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Sandstone		50'	59'	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sand		59'	75'	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input 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		
				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. Draper Water Well Drlg. Business name _____ License No. _____ Address 406 W 24th Hays KS Signed Bob Draper Date 8/25/77 Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 13 S R 18 E
 Sec 34
 1/4 1/4 1/4

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

Form WWC-5