

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 25-14-3W

changed to SW SW NW, 19-14S-2W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: well address, city map, and

Salina 1:24,000 topo map. initials: DRL date: 4/17/2002

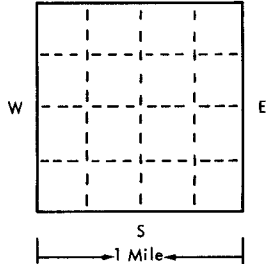
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

WATER WELL RECORD
KSA 82a-1201-1215

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 <i>Saline</i>	Township name	Fraction	Section number <i>25</i>	Town number <i>14</i>	Range number <i>3W</i>	
Distance and direction from nearest town or city:				3 Owner of well: <i>George Harrell</i>			
Street address of well location if in city: <i>902 E Republic</i>				Address: <i>902 E Republic Saline</i>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		4 Well depth: <i>58</i> ft. Date of completion: <i>7-3-75</i> Well diameter: <i>4</i> in.		
2 Type and color of material			From	To	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		
			<i>Alluvium:</i>			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	
			<i>Clay, silty, buff</i>			7 Casing: Material <i>QMP</i> Height: <i>above/below</i> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. Diam. <i>4</i> in. to <i>58</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>4</i> in. to <i>58</i> ft. depth	
			<i>Gravel, fine + sand</i>			8 Screen: Manufacturer <i>Slope</i> Type <i>QMP</i> Dia. <i>4"</i> Slot/gauze <i>3/32</i> Length <i>3'</i> Set between <i>55</i> ft. and <i>58</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/2"</i>	
			<i>Gravel, fine to coarse + sand</i>			9 Static water level: <i>22.5</i> ft. below land surface Date <i>7-3-75</i>	
			<i>Clay, blue-gray</i>			10 Pumping level below land surfaces: ____ ft. after <i>1/2</i> hrs. pumping <i>20</i> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>40</i> g.p.m.	
<i>Gravel coarse to fine + sand</i>			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				
(use a second sheet if needed)			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>3</i> ft. to <i>13</i> ft.				
			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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				
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>Hydraulic Drilling</i> <i>126</i> Business name License No. Address <i>Saline Mo</i> Signed <i>Ed Faust</i> Date <i>7-25-75</i> Authorized representative				

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

Form WWC-5