

County: Gove Fraction NE NW NW Sec. 12 T 14 S R 31 E(W)

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

(to rectify lacking or incorrect information)

Owner: J. W. Cass

Location was listed as:

Location changed to:

Section-Township-Range: 12-14S-21

12-14S-31 W

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

NE NW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Legal description, county ownership map, position on plat map, and mapping tool & aerial photos on KGS website.

initials: DRB date: 11/4/2013

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.

NOT PLOTTED

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

BBA

1. Location of well: <i>200' W of NW 1/4</i>		Fraction <i>NE 1/4 NW 1/4 NW 1/4</i>	Section number <i>12</i>	Township number <i>T 14</i>	Range number <i>S R 21 E/W</i>
2. Distance and direction from nearest town or city: Street address of well location in city:			3. Owner of well: <i>A. W. CASS</i> R.R. or street: City, state, zip code: <i>OAKLEY KS.</i>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map:		6. Bore hole dia. <i>9</i> in. Completion date <i>12-23-76</i> Well depth <i>31</i> ft.	
5. Type and color of material		From	To	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	
<i>Top soil</i>		<i>0</i>	<i>14</i>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<i>m. gravel</i>		<i>14</i>	<i>15'</i>	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <i>2 1/2</i> in. to <i>31</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <i>200</i>	
<i>river mud</i>		<i>15</i>	<i>18</i>	10. Screen: Manufacturer's name <i>Jess Lowell</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>3/32</i> Length <i>8</i> Set between <i>23</i> ft. and <i>31</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/8 - 1/4</i>	
<i>Ocher re-worked</i>		<i>18</i>	<i>23</i>	11. Static water level: <input type="checkbox"/> mo./day/yr. <i>12</i> ft. below land surface Date <i>12-23-76</i>	
<i>m. gravel</i>		<i>23</i>	<i>26</i>	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
<i>Ocher</i>		<i>26</i>	<i>30</i>	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
<i>Blue shale</i>		<i>30</i>	<i>31</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> inches above grade	
(Use a second sheet if needed)				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
18. Elevation:		19. Remarks:		16. Nearest source of possible contamination: ft. <i>200'</i> Direction <input type="checkbox"/> Type <i>DRAW</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <i>STRUCKHOFF SONS 298</i> Business name License No. Address <i>GRINNELL KS</i> Signed <i>Struckhoff</i> Date <i>12-30</i> Authorized representative	

T 14
 R 21
 E/W
 Sec 12
 NE 1/4 NW 1/4 NW 1/4

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

Form WWC-5