

# 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 5-15S-1W

changed to NW NW NE, 5-15S-1W

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

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

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

verification method: written & legal descriptions, and

Kipp 1:24,000 topo map. initials: APL 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 <b>Saline</b>	Township name <b>Eureka</b>	Fraction	Section number <b>5</b>	Town number <b>15S</b>	Range number <b>R1W</b>
Distance and direction from nearest town or city: <b>Hugh Street in Kipp</b> Street address of well location if in city: <b>S.W. corner of Lot 4</b>				3 Owner of well: <b>Jay Gabel</b> Address: <b>Kipp, Kansas</b>		
Locate with "X" in section below: <div style="text-align: center;"> </div>				Sketch map: <div style="text-align: center;"> </div>		
2				4 Well depth: <b>38</b> ft. Date of completion <b>6/18/75</b> Well diameter <b>8</b> 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 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 <b>PVC</b> Height: above/ <del>18</del> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. Diam. <b>200</b> lbs./ft. _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth 8 Screen: Manufacturer <b>Western Plastics</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/groove <b>3/32"</b> Length <b>2 1/2"</b> Set between <b>28</b> ft. and <b>38</b> ft. Fittings: <b>1/16 to 3/8</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ 9 Static water level: <b>12</b> ft. below land surface Date <b>6/18/75</b> 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>12</b> g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: <b>capped</b> <input type="checkbox"/> Pitless adapter <b>18</b> 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 <b>0</b> ft. to <b>10</b> ft. 14 Nearest source of possible contamination: <b>septic tank</b> ft. <b>100</b> Direction <b>east</b> Type _____ Well disinfected upon completion? <input 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 (use a second sheet if needed)		
16 Remarks: elevation				17 Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Rader Drilling Co. 194</b> Business name _____ License No. _____ Address <b>Carlton, Kans. 67429</b> Signed <b>Grant E. Rader 6-20-75</b> Authorized representative		

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

Form WWC-5