

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 Lots 3&4, Block 5, 31-18S-21W

changed to SE SW NW, 31-18S-21W

Other changes: Initial statements: _____

Changed to: _____

Comments: On Lawrence St., West side, 2nd house N. of Farnsworth.

verification method: Written & legal descriptions, city map from county appraiser,
and Bazine 1:24,000 topo. map. initials: DR date: 6/27/01

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

Bazine

1 Location of well:		County NESS	Township name BAZINE	Fraction	Section number 31	Town number T18S	Range number R 21W
Distance and direction from nearest town or city: Block 5 Lots 3+4				3 Owner of well: DEAN MOORE			
Street address of well location if in city: Not known				Address: BAZINE KANSAS			
Locate with "X" in section below:		Sketch map:		4 Well depth: 44 ft. Date of completion 16-Jan-75 Well diameter 3 in.			
		<p><i>This well drilled in City of Bazine Block 5 - Lots 3-4</i></p>		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 PLASTIC Height: above/below Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface 1 1/2 in. Diam. 5 in. to 3 1/4 ft. depth Weight 250 lbs./ft. Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2		Type and color of material		From	To	8 Screen: Manufacturer SUNFLOWER Type STYRENE Dia. 5" Slot/gauze FINE Length 10" Set between 34 ft. and 44 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1	
		TOPSOIL + TAN CLAY		0	12	9 Static water level: 32 ft. below land surface Date 16-Jan-75	
		LIGHT BROWN CLAY		12	24	10 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.	
		BLUE STICKY CLAY		24	30	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
		SAND - MEDIUM TO COURSE		30	36	12 Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
		BLUE SHALE		36	48	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 0 ft. to 4 ft.	
		BR 36' / 48'				14 Nearest source of possible contamination: ft. 20 Direction SOUTH Type CITY SEWER LINE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		LOCATION				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	
		LOCATION				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. DEAN WATERHOUSE DRIG 2431 Business name _____ License No. _____ Address Dean Waterhouse Signed Dean Waterhouse Date 25-Jan-75 Authorized representative	
16 Remarks: elevation							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							

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

Form WWC-5