

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 31-185-21W

changed to NW SE NW, 31-185-21W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, map from county appraiser, current address of Darren Cox (118 Ave A), and Bazine 1:25,000 topog. map. initials: DLC date: 6/27/2001

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

Longtime

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 MISS	Township name BAZINE	Fraction	Section number S 31	Town number Q 18S	Range number R 21W
Distance and direction from nearest town or city: CITY OF BAZINE				3 Owner of well: LESLIE COX		
Street address of well location if in city: MAIN ST.				Address: BAZINE KANSAS		
Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>N</p> <p>W E</p> <p>1 Mile</p> </div> <div> <p>Sketch map: Back yard</p> </div> </div>				4 Well depth: 47 ft. Date of completion 8-1-75 Well diameter 5 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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> FOR LAWN		
				7 Casing: Material PIASTIC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 14 in. Diam. _____ Weight _____ lbs./ft. _____ 6 in. to 37 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
2 Type and color of material				8 Screen: Manufacturer SUNFLOWER Type STYRENE Dia. 5 1 Slot/gauze 1/16 Length 10 FT Set between 21 ft. and 47 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2 in.		
				9 Static water level: 32 ft. below land surface Date 8-1-75		
				10 Pumping level below land surfaces: 93 ft. after 6 hrs. pumping 15 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 7 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				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 0 ft. to 12 ft.		
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name REDA Model number 997051 HP 1/2 Volts 4 Length of drop pipe 72 ft. capacity 15 g.p.m. Type: <input checked="" 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. DEAN WATERHOUSE DRILLERS Business name _____ License No. _____ Address WICHITA KANSAS Signed Dean Waterhouse Date 8-1-75 Authorized representative		

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

Form WWC-5