

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 33-185-26W

changed to S $\frac{1}{2}$  NE, 33-185-26W

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

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

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

verification method: written description, and

Beeler 1:24,000 topo. map. initials: DR date: 6/15/2001

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.

*Beeler*

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Ness</u>	Township name <u>NA</u>	Fraction <u>NA</u>	Section number <u>NA 33</u>	Town number <u>NA 18S</u>	Range number <u>NA 26W</u>																														
Distance and direction from nearest town or city: Street address of well location if in city: <u>Beeler, KS</u>				3 Owner of well: <u>Lee Smith</u> Address: <u>Beeler, KS</u>																																
Locate with "X" in section below: N W <u>NA</u> E S 1 Mile				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Clay</u></td> <td><u>0</u></td> <td><u>38</u></td> </tr> <tr> <td><u>Sd coarse</u></td> <td><u>38</u></td> <td><u>39</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>39</u></td> <td><u>41</u></td> </tr> <tr> <td><u>Sd rock Good</u></td> <td><u>41</u></td> <td><u>500</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2 Type and color of material	From	To	<u>Clay</u>	<u>0</u>	<u>38</u>	<u>Sd coarse</u>	<u>38</u>	<u>39</u>	<u>Clay</u>	<u>39</u>	<u>41</u>	<u>Sd rock Good</u>	<u>41</u>	<u>500</u>																4 Well depth: <u>50</u> ft. Date of completion <u>4-19-75</u> Well diameter <u>9</u> in.		
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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 <u>Plas.</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>1.8</u> lbs./ft. <u>5</u> in. to <u>30</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																																				
8 Screen: Manufacturer <u>Jess &amp; Lowell</u> Type <u>Plastic</u> Dia. <u>5</u> Slot/gauze _____ Length _____ Set between <u>30</u> ft. and <u>50</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#1</u>																																				
9 Static water level: <u>34</u> ft. below land surface Date <u>4-19-75</u>																																				
10 Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																				
12 Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																																				
13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>NA</u> <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.																																				
14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>SE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <u>NA</u> <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  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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. <u>Weishaar Drilling</u> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>5-29-75</u> Authorized Representative																																

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

Form WWC-5