

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 SE 36-22s - 35W

changed to _____

Other changes: Initial statements: Finney Co.

Changed to: Kearney Co.

Comments: _____

verification method: Legal & written descriptions on form, &

Wolf 1:24,000 topo. map. initials: ARL date: 6/29/99

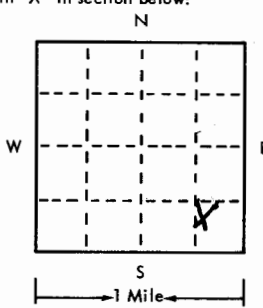
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

USE TYPEWRITER OR BALL POINT PEN - PRESS FIRMLY, PRINT CLEARLY.

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 <i>Jarvis</i>	Township name	Fraction <i>SE</i>	Section number <i>36</i>	Town number <i>22</i>	Range number <i>35</i>
Distance and direction from nearest town or city: <i>10 mi. N & 1 mi. E of Deerfield center</i>			3 Owner of well: <i>Leland Combs Deerfield, Ks.</i>			
Street address of well location if in city:			Address:			
Locate with "X" in section below: 			Sketch map: <i>orchard lawn well 100 yds X house X house</i>		4 Well depth: <i>230</i> ft. Date of completion <i>9/10/75</i> Well diameter <i>5</i> in.	
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input 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>8</i>	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	
<i>fine sand (pulled head)</i>			<i>8</i>	<i>31</i>	7 Casing: Material <i>PVC</i> Height: <input checked="" type="checkbox"/> above <input type="checkbox"/> below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <i>1 3/8</i> in. <i>2 1/4</i> Diam. <i>9</i> Weight <i>180</i> lbs./ft. <i>5</i> in. to <i>220</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>5</i> in. to <i>220</i> ft. depth	
<i>fine sand (loose)</i>			<i>31</i>	<i>50</i>	8 Screen: <i>DEY STREAM</i> Manufacturer <i>POC</i> Dia. <i>2 1/2</i> " Type <i>POC</i> Slot/auge <i>20</i> Length <i>20</i> Set between <i>220</i> ft. and <i>230</i> ft. Fittings: <i>370</i> <i>380</i> Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>4/8</i>	
<i>Brown Sandy clay</i>			<i>50</i>	<i>62</i>	9 Static water level: <i>138</i> ft. below land surface Date <i>8/26/75</i>	
<i>fine sand & silt clay</i>			<i>62</i>	<i>70</i>	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.	
<i>Brown Sandy clay</i>			<i>70</i>	<i>85</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<i>Brown Sandy clay</i>			<i>85</i>	<i>130</i>	12 Well head completion: <i>none</i> <input checked="" type="checkbox"/> Flange adapter _____ inches above grade	
<i>fine to med sand & gravel (loose)</i>			<i>130</i>	<i>152</i>	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Portland Depth: From <i>5</i> ft. to <i>15</i> ft.	
<i>Brown Sandy clay</i>			<i>152</i>	<i>160</i>	14 Nearest source of possible contamination: ft. <i>200</i> Direction <i>East</i> Type <i>above</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>fine to med sand & gravel (loose)</i>			<i>160</i>	<i>170</i>	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	
<i>Brown Sandy clay</i>			<i>170</i>	<i>184</i>	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. <i>James Dullis 192</i> Business name <i>Deerfield City</i> license No. _____ Address <i>Deerfield, Mo</i> Signed <i>James Dullis</i> Date <i>12/1/75</i> Authorized representative	
<i>fine to med sand & gravel (loose)</i>			<i>184</i>	<i>192</i>		
<i>fine to med sand & gravel (loose)</i>			<i>192</i>	<i>200</i>		
<i>fine to med sand & gravel (loose)</i>			<i>200</i>	<i>215</i>		
<i>fine to med sand & gravel (loose)</i>			<i>215</i>	<i>230</i>		
<i>Brown Sandy clay</i>			<i>230</i>	<i>236</i>		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley <i>Customer knows of regulations will complete well.</i>						

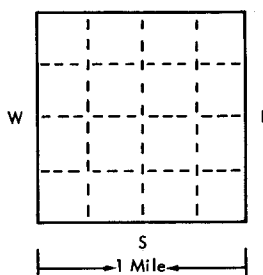
22 35 W 36 NE SE SE

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

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KSA 82a-1201-1215

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Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <i>(cont)</i>		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.																															
2 Type and color of material			From To		5 <input type="checkbox"/> Cable tool <input 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																															
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><i>fine sand</i></td> <td style="width:10%;"><i>236</i></td> <td style="width:10%;"><i>240</i></td> <td style="width:30%;"></td> </tr> <tr> <td><i>Rock & fine sand</i></td> <td><i>240</i></td> <td><i>245</i></td> <td></td> </tr> <tr> <td><i>fine to med sand & gravel</i></td> <td><i>245</i></td> <td><i>250</i></td> <td></td> </tr> <tr> <td><i>Below Sandy clay</i></td> <td><i>250</i></td> <td><i>272</i></td> <td></td> </tr> <tr> <td><i>fine to med sand & gravel (low)</i></td> <td><i>272</i></td> <td><i>280</i></td> <td></td> </tr> <tr> <td><i>fine sand</i></td> <td><i>280</i></td> <td><i>283</i></td> <td></td> </tr> <tr> <td><i>Below Sandy clay</i></td> <td><i>283</i></td> <td><i>300</i></td> <td></td> </tr> <tr> <td><i>yellow clay</i></td> <td><i>300</i></td> <td><i>310</i></td> <td></td> </tr> </table>			<i>fine sand</i>	<i>236</i>	<i>240</i>		<i>Rock & fine sand</i>	<i>240</i>	<i>245</i>		<i>fine to med sand & gravel</i>	<i>245</i>	<i>250</i>		<i>Below Sandy clay</i>	<i>250</i>	<i>272</i>		<i>fine to med sand & gravel (low)</i>	<i>272</i>	<i>280</i>		<i>fine sand</i>	<i>280</i>	<i>283</i>		<i>Below Sandy clay</i>	<i>283</i>	<i>300</i>		<i>yellow clay</i>	<i>300</i>	<i>310</i>		7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

22 35 W 36 NE SE SE