

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 NE, 25-23S-15W

changed to C NE, 25-23S-15W

Other changes: Initial statements: Stafford County

Changed to: Pawnee County

Comments: Some Guyer oil wells are present in the NE 1/4 of this section -

verification method: Legal description, position on plat map, Guyer property in this quarter section, and St. John SW 1:24,000 topo-map. initials: RRD date: 4/22/2002

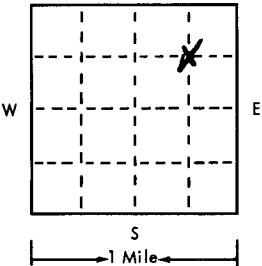
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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 Stafford	Township name	Fraction NE 1/4	Section number 25	Town number 23 S	Range number 15 W	
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Ted Guyer St. John, Kansas Well No. 3 (TH)				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 78 ft. Date of completion 9/17/75 Well diameter 30 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 checked="" type="checkbox"/> Reverse rotary
							6 Use: <input 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
Top soil			0		2		7 Casing: Material Stl Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 54 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to ft. depth
Gray clay			2		15		8 Screen: Manufacturer Doerr Metal Prod. Type Steel Dia. 16" Slot/gauze 1/8 Length 24' Set between 54 ft. and 78 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8" 1/2"
Brown clay			15		28		9 Static water level: 20.2 ft. below land surface Date 10/29/75
Fine to coarse sand & med. gravel			28		46		10 Pumping level below land surfaces: 50.85 ft. after 4 hrs. pumping 1000 g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield 1000 g.p.m.
Clay and sand			46		51		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date
Med. to coarse sand & gravel			51		77		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
Gray clay			77		79		13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> clay Depth: From 0 ft. to 10 ft.
							14 Nearest source of possible contamination: ft. 2500 Direction North Type Farm Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
							15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Layne Model number KM HP 80 Volts Length of drop pipe 60 ft. capacity 1000 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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 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. Layne Western Co. 102 Business name Wichita, Kansas License No. Address Signed [Signature] Date 9/22/75 Authorized representative

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

Form WWC-5