

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 2-23-24

changed to SE SE NE, 2-23S-24

Other changes: Initial statements:

Changed to:

Comments:

verification method: Written & legal descriptions, position on plat map,
and Halstead 1:24,000 topo. map (buildings shown on map) initials: DRL date: 5/17/2001

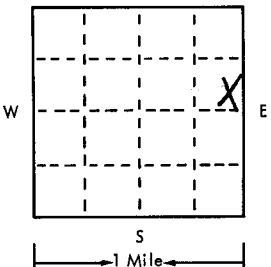
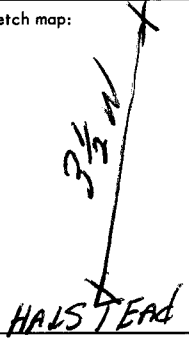
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

WATER WELL RECORD
KSA 82a-1201-1215

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 HARVEY	Township name HAIRSTEAD	Fraction	Section number 2	Town number 23	Range number 2 WEST	
Distance and direction from nearest town or city: 3 1/2 N HALSTEAD			3 Owner of well: ARNOLD WIGGERS Address: RR HALSTEAD KAS				
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 65 ft. Date of completion 5-22-75 Well diameter _____ in.	
2			Type and color of material		From	To	
			TOP SOIL		0	3 1/2	
			RED SANDY CLAY		3	40 1/2	
			SANDY SMALL GRAVEL		40	55 1/2	
			GRAY SHALE		55	65 1/2	
					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		
			7 Casing: Material PLASTIC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. _____ Weight 200 lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth				
			8 Screen: JESSY LOWELL Manufacturer JESSY LOWELL Type 200 Dia. 5 1/2 in. Slot/gauze 1/16 Length 35 1/2 ft. Set between 30 ft. and 65 ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4				
			Static water level: _____ ft. below land surface Date 5-22-75				
			10 Pumping level below land surfaces: 50 ft. after 2 hrs. pumping 30 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.				
			11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 5-18-75				
			12 Well head completion: <input type="checkbox"/> Pitless adapter <input 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 13 ft. to 3 ft.				
			14 Nearest source of possible contamination: ft. 150 Direction W Type LAG WINE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <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.m.p. 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. D. R. W. Service 211 Business name _____ License No. _____ Address 432 W 3rd Neaton KS Signed W. H. Williams Date 6-1-75 Authorized representative				