

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

changed to _____

Other changes: Initial statements: Pawnee County

Changed to: Edwards County SE NE SE 4 25 10W

Comments: _____

verification method: written & legal descriptions, and

Belpre 1:24,000 topo. map. initials: DRK date: 5/31/2001

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

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Pawnee	Fraction SE 1/4 NE 1/4 SE 1/4	Section number 4	Township number 25 S	Range number 16 R	EM
2. Distance and direction from nearest town or city: 25 1/2 3/4 1/2 W of Belpre Street address of well location if in city:				3. Owner of well: Bernard Koett R.R. or street: City, state, zip code: Belpre, Ks.			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 29 in. Completion date _____ Well depth 93 ft. 10-21-76			
				7. <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			
				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material		From	To	9. Casing: Material steel Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 18 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia 16 in. to 93 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 7			
Sandy Top Soil		0	1	10. Screen: Manufacturer's name R/B Type steel Dia. 16 Slot/gauze 3/16 Length 40 Set between 33 ft. and 93 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 3/4 3/8			
Clay		1	6	11. Static water level: _____ mo./day/yr. 10 ft. below land surface Date 8-11-76			
Sandy Clay		6	12	12. Pumping level below land surfaces: 11 ft. after 1 hrs. pumping 1000 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1200 g.p.m.			
Clay		12	28	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 8-11-76			
Fine Sand		28	32	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade			
Clay		32	33	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From 0 ft. to 10 ft.			
Sand and Clay		37	44	16. Nearest source of possible contamination: ft. 12 Direction nw Type oil well Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Good Clean Sand and Gravel		44	60	17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 22064 HP 80 Volts _____ Length of drop pipe 60 ft. capacity 1000 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			
Good Clean Gravel		60	73	(Use a second sheet if needed)			
Clay		73	73 1/2				
Good clean sand and gravel		73 1/2	92	20. 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. Rosencrantz-Bemis 134 Business name Great Bend, Ks. License No. _____ Address _____ Signed Fredia Dodson Date 10/23 Authorized representative			
Clay & Rock		92	105				
18. Elevation:	19. Remarks:						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

25 16 4 SE NE SE 1/4 1/4 1/4 1/4