

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: \_\_\_\_\_

Fraction (  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  ): \_\_\_\_\_

County: Gray

Location ~~changed to~~

1-27S-30W

NE SW NE

Other changes: Initial statements: Haskell County

Changed to: Gray County

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

verification method: written & legal descriptions, and county map.

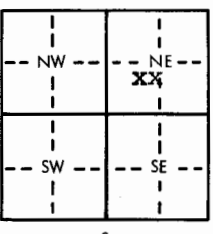
initials: DRF date: 10/29/07

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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<br><b>Haskell</b> | Fraction<br><b>NE 1/4 SW 1/4 NE 1/4</b> | Section number<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                         | Township number<br><b>T 27 S R 30</b> | Range number<br><b>30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                         |  |  |
| 2. Distance and direction from nearest town or city: <b>8 south, 1 east, 1 1/2 south, 1/2 west of</b><br>Street address of well location if in city: <b>Charleston</b>                                                                                               |                          |                                         | 3. Owner of well: <b>DeeWayne Koehn</b><br>R.R. or street:<br>City, state, zip code: <b>Ingalls, Ks. 67853</b>                                                                                                                                                                                                                                                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                         |  |  |
| 4. Locate with "X" in section below:<br><div style="text-align: center;">N<br/>1 Mile<br/>W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> E<br/>S<br/>1 Mile</div> |                          |                                         | NW                                                                                                                                                                                                                                                                                                                                                                                 | NE                                    | SW                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SE | Sketch map:<br><div style="text-align: center;"></div> |  |  |
| NW                                                                                                                                                                                                                                                                   | NE                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                         |  |  |
| SW                                                                                                                                                                                                                                                                   | SE                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                         |  |  |
| 5. Type and color of material                                                                                                                                                                                                                                        |                          |                                         | From                                                                                                                                                                                                                                                                                                                                                                               | To                                    | 6. Bore hole dia. <b>26</b> in. Completion date <b>4-15-77</b><br>Well depth <b>280</b> ft.                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary                                                                                                                                                               |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                     |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 9. Casing: Material <u>steel</u> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36.87</u> lbs./ft.<br>Dia. <u>16</u> in. to <u>281</u> ft. depth Wall Thickness: inches or<br>Dia. <u>16</u> in. to <u>281</u> ft. depth gauge No. <u>250</u>                                                         |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 10. Screen: Manufacturer's name<br><u>Johnson</u><br>Type <u>galv.</u> Dia. <u>16"</u><br>Slot/gauze <u>10</u> ft. Length <u>10</u> ft.<br>Set between <u>200-210</u> ft. and <u>260-270</u> ft.<br>Perf: <u>100-200</u> ft. and <u>210-260, 270-280</u><br>Gravel pack? <u>Yes</u> Size range of material <u>1/2"</u> down                                                                                                                                |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 11. Static water level: <u>73</u> ft. below land surface Date <u>4-11-77</u> mo./day/yr.                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 12. Pumping level below land surfaces:<br><u>96</u> ft. after <u>2</u> hrs. pumping <u>1350</u> g.p.m.<br><u>105</u> ft. after <u>4</u> hrs. pumping <u>2100</u> g.p.m.<br>Estimated maximum yield <u>2100</u> g.p.m.                                                                                                                                                                                                                                      |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>4-11-77</u> mo./day/yr.                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 14. Well head completion:<br><u>Pitless adapter</u> <u>12</u> inches above grade                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 15. Well grouted? <u>yes</u><br>With: <u>Neat cement</u> <u>Bentonite</u> <input checked="" type="checkbox"/> <u>Concrete</u><br>Depth: From <u>0</u> ft. to <u>10</u> ft.                                                                                                                                                                                                                                                                                 |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 16. Nearest source of possible contamination: <u>N/A</u><br>ft. <u>      </u> Direction <u>      </u> Type <u>      </u><br>Well disinfected upon completion? <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                   |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 17. Pump: <u>Not installed</u><br>Manufacturer's name <u>Goulds - US Pump</u><br>Model number <u>12 JHC</u> HP <u>100</u> Volts <u>      </u><br>Length of drop pipe <u>140</u> ft. capacity <u>1200</u> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |    |                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                      |                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                       | (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                         |  |  |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                | 19. Remarks:             |                                         | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Minter-Wilson Drlg. Co. 208</b><br>Business name <u>Box A Garden City, Ks.</u> License No. <u>      </u><br>Address <u>      </u><br>Signed <u>DeeWayne Koehn</u> Date <u>5-20-77</u><br>Authorized representative |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                         |  |  |

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

