

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Ford

Location listed as:

Section-Township-Range: 10-285-22W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE SE NE

Location changed to:

10-285-22W

C SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: written & legal descriptions, position on plat map,
and aerial photos on KGS online mapping tool.

initials: ERL date: 4/14/2010

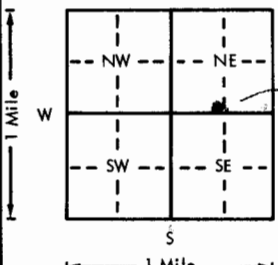
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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

SW ADD

1. Location of well:	County FORD	Fraction SE NE NE 1/4 NE 1/4 SW 1/4	Section number 10	Township number T 28 S	Range number R 22 E
2. Distance and direction from nearest town or city: 5 miles NW of Bucklin 1/2 mile north & 1/2 west Street address of well location if in city:			3. Owner of well: H. H. Brown R.R. or street: FORD, KANSAS City, state, zip code:		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. 30 in. Completion date 3-14-75 Well depth 115 ft.		
			7. <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		
			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		
			9. Casing: Material Iron Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 37 lbs./ft. Dia. 16 in. to 115 ft. depth; Wall Thickness: inches or Dia. MHC ft. depth; gage No. 188		
			10. Screen: Manufacturer's name Open Metal Type Open Dia. 30 Slot/gauze 3/16 Length 30 MHC Set between 75 ft. and 115 ft. Gravel pack? Yes Size range of material 4 X 38		
			11. Static water level: 45 mo./day/yr. 45 ft. below land surface Date 3-14-75		
			12. Pumping level below land surfaces: 30 ft. after 2 hrs. pumping 200 g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.		
			13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12" inches above grade		
			15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: None ft. Direction Type Field MHC Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			17. Pump: Gould Not installed Manufacturer's name Gould Pump Model number HP 3/4 Volts 440 Length of drop pipe 100 ft. capacity 200 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		
18. Elevation: 2381 Topo Topography: Topo <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: TOPO 2381 115 2260 DR 381 45 2336 WT		
			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. Walter Brown Shilling 217 Business name License No. Address Bucklin, Kansas Signed W. Brown Date 4-1-75 Authorized representative		

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

Form WWC-5