

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

County: HARPER

Location listed as:

Location changed to:

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

35-33-9W

Fraction ( 1/4 1/4 1/4): \_\_\_\_\_

SE SW SW

Other changes: Initial statements: COUNTY LISTED ON WWC5 AS BARBER

Changed to: HARPER COUNTY

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

verification method: COUNTY MAP

initials: ZW date: 10-02-2007

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

|   |                         |   |  |                                      |   |
|---|-------------------------|---|--|--------------------------------------|---|
| <input checked="" type="checkbox"/> Location of well:   | County<br><b>Barber</b> | Fraction<br><b>SE 1/4 SW 1/4 SW 1/4</b> | Section number<br><b>35</b>  | Township number<br><b>T 33 S R 9</b> | Range number<br><b>2/W</b>  |
| 2. Distance and direction from nearest town or city: <b>2 1/2 miles N. &amp; 2 miles E. of Corwin, Kansas</b><br>Street address of well location if in city:    |                         |   | 3. Owner of well: <b>Barber County RWD No. 2</b><br>R.R. or street: <b>Corwin, Kansas</b><br>City, state, zip code:  |                                      |   |
| 4. Locate with "X" in section below:<br>N<br>1 Mile<br>W<br>E<br>S<br>1 Mile  |                         |   | Sketch map:<br><b>(900' E. of Well No. 1)</b><br><br><b>Well No. 2 (TH 2-76)</b>   |                                      |   |
| 5. Type and color of material   |                         |   | From   | To                                   | 6. Bore hole dia. <b>30</b> in. Completion date <b>11/2/76</b><br>Well depth <b>45</b> ft.  |
| <b>Sandy soil</b>   |                         |   | 0  | 2                                    | 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  |
| <b>Silty sand</b>   |                         |   | 2  | 13                                   | 8. Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input 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  |
| <b>Med. to coarse sand</b>  |                         |   | 13   | 25                                   | 9. Casing: Material <b>Stl.</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>36</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>62.58</b> lbs./ft.<br>Dia. <b>16</b> in. to <b>28</b> ft. depth Wall Thickness: inches or<br>Dia. <b>16</b> in. to <b>28</b> ft. depth gauge No. <b>375</b>   |
| <b>Med. to coarse sand &amp; gravel</b>   |                         |   | 25   | 40                                   | 10. Screen: Manufacturer's name <b>Doerr</b><br><b>Metal Products</b><br>Type <b>St. Stl.</b> Dia. <b>16"</b><br>Slot/gauze <b>1/16</b> Length <b>12'</b><br>Set between <b>28</b> ft. and <b>40</b> ft.<br>ft. and _____ ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/2 x 1/4</b>  |
| <b>Red shale</b>  |                         |   | 40   | 45                                   | 11. Static water level: _____ mo./day/yr.<br><b>15.3</b> ft. below land surface Date <b>11/3/76</b>   |
|   |                         |   |  |                                      | 12. Pumping level below land surfaces:<br><b>28.8</b> ft. after <b>15</b> hrs. pumping <b>328</b> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>300</b> g.p.m.  |
|   |                         |   |  |                                      | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____   |
|   |                         |   |  |                                      | 14. Well head completion: <b>Steel Plate</b><br><input type="checkbox"/> Pitless adapter <b>36</b> inches above grade   |
|   |                         |   |  |                                      | 15. Well grouted? <b>Yes</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>20</b> ft.   |
|   |                         |   |  |                                      | 16. Nearest source of possible contamination:<br>ft. <b>3700</b> Direction <b>West</b> Type <b>Farm</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
|   |                         |   |  |                                      | 17. Pump: _____ Not installed<br>Manufacturer's name <b>Layne &amp; Bowler</b><br>Model number <b>6" PWHC-HP 20</b> Volts <b>440</b><br>Length of drop pipe <b>30</b> ft. capacity <b>200</b> 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:  | 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>Layne Western Co. 102</b><br>Business name _____ License No. _____<br>Address <b>Wichita Kansas</b><br>Signed <b>[Signature]</b> 11-9-76 Date<br>Authorized representative |                                      |   |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                         |   |  |                                      |   |

33  
 - 90  
 35  
 1/4 1/4 1/4 1/4

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

Form WWC-5