

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 6 - 32 W - 35 S

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW NW

County: Seward

Location changed to:

6 - 35 S - 32 W

NW SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, position on plat map,
and mapping tool on KGS website.

initials: ARL date: 6/9/2008

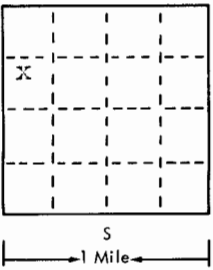

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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

WATER WELL RECORD
KSA 82a-1201-1215

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 Seward	Township name	Fraction SW NW	Section number 6	Town number 32W	Range number 34S 35S	
Distance and direction from nearest town or city: Liberal and 1/2 south. 3 miles east of Street address of well location if in city:				3 Owner of well: Robert Phelps Address: Greenbrier Apts. Liberal, Kansas 67901			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: 			4 Well depth: 280 ft. Date of completion 8-15-75 Well diameter 9 in.	
2 Type and color of material			From	To	5 <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		
			Surface	0	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 <input type="checkbox"/>	
			Clay	2	20	7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 28 in. Diam. 5 in. to 260 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5 in. to 280 ft. depth!	
			Sandy clay	20	40	8 Screen: Manufacturer Wesco Type PVC Dia. 5 1/2 Slot/gauze .030 Length 10 Set between 260 ft. and 270 ft. Fittings: 1/8 to 3/16 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material	
			Fine sand	40	95	9 Static water level: 170 ft. below land surface Date 8-15-75	
			Coarse sand	95	185	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 40 g.p.m.	
			Fine sand & Coarse sand	185	260	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
Coarse sand			260	280	12 Well head completion: <input type="checkbox"/> Pitless adapter 28 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 0 ft. to 10 ft.		
					14 Nearest source of possible contamination: None ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Aermotor Model number 12-150 HP 230 Volts ____ Length of drop pipe 277 ft. capacity 40 g.m.p. Type: <input checked="" 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					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. Carlile Water Well 118 Business name License No. Address Box 275, Liberal, Ks. Signed Edward E. Means Date 8-15-75 Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5