

County: Cheyenne Fraction NE NE SW Sec. 25 T 3 S R 40 E/W

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

Owner: Ronald Loudon

Location was listed as:

Section-Township-Range: 25-3S-39W

Fraction (1/4 1/4 1/4): NE NE SW

Location changed to:

25-3S-40W

NE NE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: written & legal descriptions, county ownership map, and mapping tool on KGS website.

initials: DRJ date: 1/15/2015

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

CAA

1. Location of well: County <u>Cheyenne</u> Fraction <u>NE 1/4 NE 1/4 S 1/4</u> Section number <u>25</u> Township number <u>T 3 S</u> Range number <u>R 39 W E/W</u>	
2. Distance and direction from nearest town or city: <u>2. EAST of St. Francis</u> Street address of well location if in city: <u>KC 395</u>	
3. Owner of well: <u>Ronald Louder</u> R.R. or street: <u>St. Francis, Mo. 67756</u> City, state, zip code: <u>St. Francis, Mo. 67756</u>	
4. Locate with "X" in section below: Sketch map: <u>stock well</u>	
6. Bore hole dia. <u>8</u> in. Completion date <u>10/24/76</u> Well depth <u>54</u> ft.	
7. <input checked="" 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PLS</u> Height: <u>Above</u> or below <u>Surface</u> Threaded <input type="checkbox"/> Welded <u>W</u> Surface <u>92</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>44</u> ft. depth Wall Thickness: <u>inches</u> or Dia. <u>in.</u> to <u>ft.</u> depth gage No. <u>250</u>	
10. Screen: Manufacturer's name <u>JFL</u> Type <u>SIOT</u> Dia. <u>5</u> Slot gauge <u>.115</u> Length <u>10</u> Set between <u>44</u> ft. and <u>54</u> ft. Gravel pack? <u>yes</u> size range of material <u>18"</u>	
11. Static water level: <u>19</u> ft. below land surface Date <u>10/23/76</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>10</u> g.p.m.	
13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Date <u>10/23/76</u> mo./day/yr.	
14. Well head completion: <u>Pitless adapter</u> <u>12</u> inches above grade	
15. Well grouted? <u>yes</u> With: <u>Neat cement</u> <input type="checkbox"/> <u>Bentonite</u> <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Concrete</u> Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>None</u> Section <u>_____</u> Type <u>_____</u> Well disinfected upon completion? <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>	
17. Pump: <input checked="" type="checkbox"/> <u>Not installed</u> Manufacturer's name <u>_____</u> Model number <u>_____</u> HP <u>_____</u> Volts <u>_____</u> Length of drop pipe <u>_____</u> ft. capacity <u>_____</u> g.p.m. Type: <input type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/> <u>Jet</u> <input type="checkbox"/> <u>Reciprocating</u> <input type="checkbox"/> <u>Centrifugal</u> <input type="checkbox"/> <u>Other</u>	
(Use a second sheet if needed)	
18. Elevation: Tapography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>BROCK 53'</u>
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. <u>Schroeder Drilling, 1845</u> Business name <u>St. Francis, Mo.</u> License No. <u>_____</u> Address <u>_____</u> Signed: <u>Paul Bell</u> Date <u>10/24/76</u> Authorized representative	

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1/4
1/4
1/4

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

Form WWC-5