

County: Republic Fraction NW SE NE NW Sec. 21 T 4 S R 4 E/W 2

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

(to rectify lacking or incorrect information)

Owner: Norway Elevator

Location was listed as:

Location changed to:

Section-Township-Range: 21-45-4W

21-45-4W

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

NW SE NE NW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

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

Verification method: Legal description, sketch map, well owner's location, and mapping tool & aerial photos on KGS website

initials: DR date: 1/9/2014

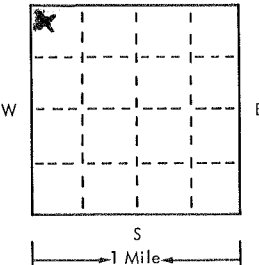
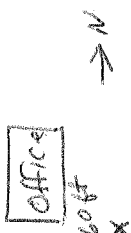
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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 <i>Republic</i>	Township name <i>Norway</i>	Fraction <i>NW 1/4</i>	Section number <i>Sec 21</i>	Town number <i>74S</i>	Range number <i>R4W</i>
Distance and direction from nearest town or city:				3 Owner of well: <i>Norway Elevator</i>		
Street address of well location if in city:				Address: <i>Norway, KS</i>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <i>56</i> ft. Date of completion <i>9/13/95</i> Well diameter _____ in.		
				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		
2 Type and color of material		From To		6 Use: <input 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 checked="" type="checkbox"/> <i>fertileizer mining</i>		
				7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. Diam. _____ Weight <i>200</i> lbs./ft. _____ <i>0</i> in. to <i>58</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <i>Jones</i> Type <i>slotted</i> Dia. <i>5</i> Slot/gauze _____ Length <i>20</i> Set between <i>38</i> ft. and <i>58</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: <i>20</i> ft. below land surface Date _____		
				10 Pumping level below land surfaces: <i>20</i> ft. after <i>10</i> hrs. pumping <i>50</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>unlimited</i> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <i>48</i> <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <i>0</i> ft. to <i>14</i> ft.		
				14 Nearest source of possible contamination: ft. <i>100</i> Direction <i>west</i> Type <i>seeps</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: Manufacturer's name <i>Berkley</i> <input type="checkbox"/> Not installed Model number <i>10615</i> HP <i>1</i> Volts <i>220</i> Length of drop pipe <i>36</i> ft. capacity <i>50</i> 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 <i>1400'</i>  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		
				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. <i>Thi Volleyding</i> <i>304</i> Business name _____ License No. _____ Address <i>Box 36 Norway, KS</i> Signed <i>Thi Volleyding</i> Date <i>9/22/95</i> Authorized representative		