

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

(to rectify lacking or incorrect information)

County: Norton

Location listed as:

Section-Township-Range: 18-85-24wFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to:

9-55-22wOther changes: Initial statements: Was Graham Co. Distance & direction was
completely wrong.

Changed to: _____

Comments: Found match to well in Wizard + WIMAS databases

verification method: _____

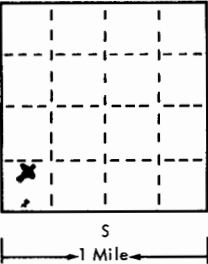
initials: DAH date: 7-8-2010

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 <u>Shalom</u>	Township name <u>NE 1/4</u>	Section number <u>18</u>	Town number <u>8</u>	Range number <u>24</u>
Distance and direction from nearest town or city: <u>1 mi north of</u>			3 Owner of well: <u>Vernon Jacobs</u>		
Street address of well location if in city: <u>Edmond, Ko.</u>			Address: <u>Edmond, Kansas</u>		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <u>67</u> ft. Date of completion <u>1-29-75</u> Well diameter <u>20</u> in.	
2 Type and color of material		From		To	
		<u>top soil</u>		<u>0 15</u>	
		<u>fine sand - streaks of clay</u>		<u>15 25</u>	
		<u>" " " "</u>		<u>25 35</u>	
		<u>fine sand, streak clay - sandy clay</u>		<u>35 50</u>	
<u>" " " "</u>		<u>50 60</u>			
<u>med gravel - @ che</u>		<u>60 67</u>			
<u>BROCK ~ 68'</u>					
<u>~ 2' 10" TW</u>					
(use a second sheet if needed)					
16 Remarks: elevation <u>51.</u>		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. <u>Blue Jay Drilling Co. Inc.</u> Business name <u>Box 503 Colby, Ko.</u> License No. <u>214</u> Address <u>Manly, Rell</u> Date <u>6-21-75</u> Signed <u>Manly Rell</u> Authorized representative		5 <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	
		6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>12 3/4</u> Weight <u>23</u> lbs./ft. <u>1</u> <u>0</u> in. to <u>67</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>0</u> in. to <u>67</u> ft. depth	
		8 Screen: Manufacturer <u>W A Brown</u> Type <u>slotted</u> Dia. <u>12 3/4</u> Slot/gauze <u>7-48</u> Length <u>20</u> Set between <u>49</u> ft. and <u>69</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4 x 5/8</u>		9 Static water level: <u>64</u> ft. below land surface Date <u>1-29-75</u>	
		10 Pumping level below land surfaces: <u>67</u> ft. after <u>3</u> hrs. pumping <u>600</u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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"/> <u> </u> Depth: From <u>0</u> ft. to <u>10</u> ft.	
		14 Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u>None</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		15 Pump: <input checked="" type="checkbox"/> Not installed 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"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	

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

Form WWC-5