

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as 14-5-28

changed to NE, SE, NE, 14-5S-28W

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Map hand-drawn on form, &

Dresden South, KS, 1:24,000 topo. map initials: DRd date: 1/29/99

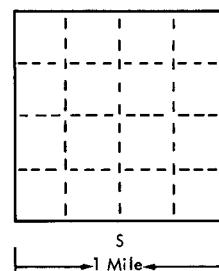
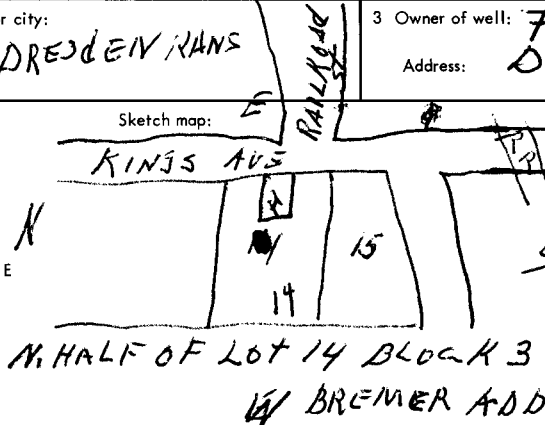
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

<input checked="" type="checkbox"/> Location of well:	County DECATOR	Township name DRESDEN	Fraction	Section number 14	Town number LOT N 100' OF 14 BREMER AD	Range number R-28-T5	
Distance and direction from nearest town or city: Street address of well location if in city: DRESDEN KANS			3 Owner of well: FOREST MUIR HEAD Address: DRESDEN KANSAS 67635				
Locate with "X" in section below: 		Sketch map: 		4 Well depth: 170 ft. Date of completion 12-24-75 Well diameter 5 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 checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
Top soil		0 4		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			
clay		4 30		7 Casing: Material PLASTIC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. 5" Weight 147 lbs./ft. 108 in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5 in. to 170 ft. depth			
yellow silt sandy		30 135		8 Screen: Manufacturer _____ Type PLASTIC Dia. 5 Slot/gauze SLOT Length 20' Set between 132 ft. and 170 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8"			
stick yellow clay		135 140		9 Static water level: 140 ft. below land surface Date 12-24-75			
fine sand coarse		140 172		10 Pumping level below land surfaces: 150 ft. after 4 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m.			
(use a second sheet if needed)				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 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 10' ft. to 6 ft.			
				14 Nearest source of possible contamination: ft. 100' Direction N. Type CESSPOOL Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name GOULDS Model number 10ES10 HP 34 Volts 230 Length of drop pipe _____ ft. capacity _____ 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. FOSTER PLUMDING Business name _____ License No. _____ Address DRESDEN KANSAS 67635 Signed Ronald J. Foster Date 12-24 Authorized representative _____ 75			