

**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 26-55-3W

changed to NW, NE, SW, 26-55-3W

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

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

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

verification method: written description on form, position on plat map,  
& Concordia 1:24,000 topo map. initials: DRK date: 2/3/99

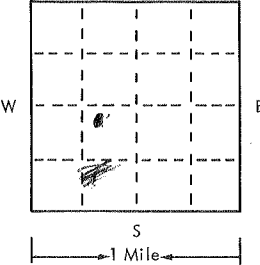
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

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

1 Location of well:	County <u>Cloud</u>	Township name <u>Sebeey Lincoln</u>	Fraction	Section number <u>26</u>	Town number <u>T6S</u>	Range number <u>R3W</u>
Distance and direction from nearest town or city: <u>1 mi East &amp; 1/2 north of Concordia, Mo</u>			3 Owner of well: <u>Ken Peery</u> Address: <u>Concordia, Mo 66901</u>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <u>50</u> ft. Date of completion <u>5/24/75</u> Well diameter <u>5</u> in.
2 Type and color of material			From		To	
			<u>Sand</u>		<u>150</u>	
			8 Screen: <u>Johnnie Janerle</u> Type <u>7202</u> Dia. <u>5 1/2"</u> Slot/gauze <u> </u> Length <u>5 ft.</u> Set between <u>45</u> ft. and <u>50</u> ft. Fittings: <u> </u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>		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"/> <u> </u>	
			7 Casing: Material <u>plastic</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u> </u> in. Diam. <u>5</u> in. to <u>50</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth!		9 Static water level: <u>20</u> ft. below land surface Date <u>5/24/75</u>	
			10 Pumping level below land surfaces: <u>24</u> ft. after <u>10</u> hrs. pumping <u>30</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>30</u> g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>5/24/75</u>	
			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u> Depth: From <u>+</u> ft. to <u>10</u> ft.	
			14 Nearest source of possible contamination: ft. <u>500</u> Direction <u>East</u> Type <u>Bofford</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Meyer Pump Co</u> Model number <u> </u> HPI <u> </u> Volts <u> </u> Length of drop pipe <u>20</u> ft. capacity <u>30</u> g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
16 Remarks: elevation <u>1338'</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. <u>Carl Thornton</u> License No. <u>247</u> Business name <u> </u> Address <u>Concordia, Mo 66901</u> Signed <u>Carl Thornton</u> Date <u>5/24/75</u> Authorized representative			

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

Form WWC-5