

County: Cloud Fraction SW-SE-SW Sec. 35 T 7 S R 4 E/W

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

(to rectify lacking or incorrect information)

Owner: Sorell, Larry

Location was listed as:

Section-Township-Range: 35-1S-4W

Fraction (1/4 1/4 1/4): None

Location changed to:

35-7S-4W

SW-SE-SW

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

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

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

Verification method: White Pages of Address, Mapping of Address. All match Location Map on Form

Submitted by: \_\_\_\_\_ initials: DF date: 5/8/14  
to: 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.

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<br><u>Cloud</u>     | Township name<br><u>Axion-Town</u> | Fraction  | Section number<br><u>35</u> | Town number<br><u>T15</u>   | Range number<br><u>R4W</u> |
| Distance and direction from nearest town or city:<br><u>6 M E + 3 N of Glasco.</u>   |  |                            |                                    | 3 Owner of well: <u>Larry Stowell</u><br>Address: <u>Glasco Kansas</u>  |                             |   |                            |
| Locate with "X" in section below:  |  | Sketch map:                |                                    | 4 Well depth: <u>160</u> ft. Date of completion: <u>2/28/75</u><br>Well diameter <u>5 1/2</u> in.   |                             |   |                            |
|  |  |                            |                                    | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>  |                            |
|  |  | <u>Shall</u>               |                                    | <u>1</u>  | <u>20</u>                   | 7 Casing: Material <u>galv</u> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>even</u><br>Diam. <u>5 1/2</u> in. Weight _____ lbs./ft. _____<br><u>1</u> in. to <u>160</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ in. to _____ ft. depth   |                            |
|  |  | <u>creek Mud</u>           |                                    | <u>20</u>   | <u>28</u>                   | 8 Screen: <u>Johnnie Jones Co.</u><br>Manufacturer: <u>Johnnie Jones Co.</u> Type: <u>5 1/2</u> Dia. <u>5 1/2</u><br>Slot/gauze _____ Length <u>20 ft.</u><br>Set between <u>140</u> ft. and <u>160</u> ft. <u>20</u><br>Fittings: _____<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____  |                            |
|  |  | <u>Clay (Blue)</u>         |                                    | <u>28</u>   | <u>110</u>                  | 9 Static water level:<br><u>40</u> ft. below land surface Date: <u>2/28/75</u>  |                            |
|  |  | <u>Sand Stone</u>          |                                    | <u>110</u>  | <u>160</u>                  | 10 Pumping level below land surfaces:<br><u>10</u> ft. after <u>10</u> hrs. pumping <u>20</u> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>25</u> g.p.m.   |                            |
|  |  |                            |                                    |   |                             | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |                            |
|  |  |                            |                                    |   |                             | 12 Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter <u>2 1/2</u> inches above grade   |                            |
|  |  |                            |                                    |   |                             | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____<br>Depth: From <u>1</u> ft. to <u>10</u> ft.   |                            |
|  |  |                            |                                    |   |                             | 14 Nearest source of possible contamination:<br>ft. <u>50</u> Direction <u>East</u> Type <u>Farm Bldg.</u><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                            |
|  |  |                            |                                    |   |                             | 15 Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <u>Meyers</u><br>Model number <u>not known</u> Volts _____<br>Length of drop pipe <u>130</u> ft. capacity <u>10</u> g.p.m.<br>Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                            |
|  |  |                            |                                    |   |                             | (use a second sheet if needed)  |                            |
| 16 Remarks: elevation<br><u>~1500</u><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  |                            |                                    |   |                             | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Carl Thomas</u> <u>Don 247</u><br>Business name _____ License No. _____<br>Address: <u>Geosynthetic Ks 66701</u><br>Signed <u>Carl Thomas</u> Date <u>2/24/75</u><br>Authorized representative   |                            |

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

Form WWC-5