

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

(to rectify lacking or incorrect information)

County: Thomas

Location listed as:

Location changed to:

Section-Township-Range: T11S - 9 - R36W

11 - 9S - 36W

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

NW NW NW

Other changes: Initial statements: 5 south 4 west of Brewster.

Changed to: From Brewster: 5 mi. S., 4 mi. E.

Comments: _____

verification method: Written & legal descriptions, position on plat map,
and county ownership map (name shown on map).

initials: DRJ date: 4/15/2005

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

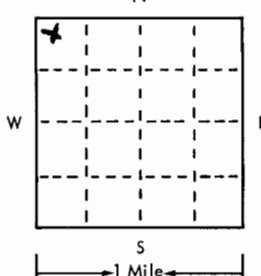
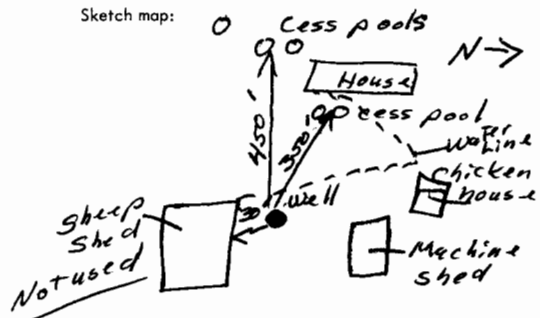
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

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 <u>Thomas</u>	Township name <u>Kingery</u>	Fraction <u>NW-NW-NW</u>	Section number <u>T 11 S</u>	Town number <u>9</u>	Range number <u>R 36 W</u>	
Distance and direction from nearest town or city: <u>5 south 4 west of Brewster</u>			3 Owner of well: <u>John Gilley</u> Address: <u>Levant, Kansas</u>				
Locate with "X" in section below: 		Sketch map: 		4 Well depth: <u>183</u> ft. Date of completion <u>10-21-75</u> Well diameter <u>3 3/4</u> in.			
2		Type and color of material		From	To	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	
		Top Soil, Clay Silty, fine sand		0	140	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	
		Fine sand brown		140	144	7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>184</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!	
		Fine sand, Sandy Clay brown		144	163	8 Screen: Manufacturer <u>J+L</u> Type <u>PVC</u> Dia. <u>5"</u> <u>Slow</u> gauze <u>1/4</u> Length <u>10'</u> Set between <u>173</u> ft. and <u>183</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4-1/2</u>	
		Fine sand, Med gravel, streak sandstone		163	170	9 Static water level: <u>189</u> ft. below land surface Date <u>10-21-75</u>	
		Med gravel brown		170	176	10 Pumping level below land surfaces: <u>179</u> ft. after <u>8</u> hrs. pumping <u>5</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5</u> g.p.m.	
		Ochre blue shale, yellow & blue		176	183	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>4</u> 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 <u>0</u> ft. to <u>20</u> ft.	
						14 Nearest source of possible contamination: ft. <u>350</u> Direction <u>NE</u> Type <u>old cress pool</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Gould</u> Model number _____ HP <u>1/2</u> Volts _____ Length of drop pipe <u>170</u> ft. capacity <u>5</u> 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. <u>Red Tiger Irrigation</u> <u>125</u> Business name _____ License No. _____ Address <u>Colby, KS</u> Signed <u>Les Page</u> Date <u>11-11-75</u> Authorized representative			

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

Form WWC-5

936W 11 NW NW NW