

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Dickinson

Location listed as:

Location changed to:

Section-Township-Range: 19-13 S-2 E

19-13 S-2 E

Fraction (¼ ¼ ¼): NE NE NW

E2 E2 NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Dickinson county parcel search online, phone call to county assessor, and mapping tool & aerial photo on KGS website.

initials: DRL date: 10/27/2008

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.

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

[Empty box for application number]

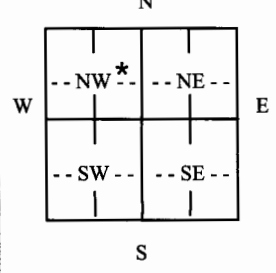
1 LOCATION OF WATER WELL: County: Dickinson Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 19 Township Number: T 13 S Range Number: R 2 EAW

Distance and direction from nearest town or city street address of well if located within city? Go West of Abilene, Ks on 1st St to Fawn Rd go South 1/8 mile to 2185 Fawn Rd

Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: Datum: Data Collection Method:

2 WATER WELL OWNER: Kathleen M Crichton RR#, St. Address, Box # : 2185 Fawn Rd City, State, ZIP Code : Abilene, Kansas 67410

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL75..... ft. Depth(s) Groundwater Encountered (1).....54..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL.....41..... ft. below land surface measured on mo/day/yr 8...26.../...08 Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.....14.....gpm: Well water was.....ft. after..... hours pumping..... gpm

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass CASING JOINTS: Glued...*... Clamped... Welded... Threaded...

Blank casing diameter5..... in. to75..... ft., Diameter. in. to ft., Diameter in. toft. Casing height above land surface.....16..... in., Weight200.....lbs./ft. Wall thickness or guage No.250

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From.....49..... ft. to75..... ft., From ft. to ft. GRAVEL PACK INTERVALS: From.....27..... ft. to75..... ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From5..... ft. to27..... ft., From ft. to ft., From ft. toft.

What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PERFORATION INTERVALS. Rows include: 0-17 FINE SANDY CLAY, 17-18 SAND, 18-21 LITE COLOR LIMESTONE, 21-22 LITE COLOR SHALE, 22-29 GRAY SHALE, 29-30 HARD DARK LIMESTONE, 30-32 LITE COLOR SHALE, 32-33 LITE COLOR LIMESTONE, 33-44 LITE COLOR SHALE, 44-51 MAROON SHALE.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .8./26./08... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.397.... This Water Well Record was completed on (mo/day/year) 9./3./08..... under the business name of CENTRAL KANSAS DRILLING by (signature) Harold D. Martin

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.