

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

Location listed as:

Section-Township-Range: 35-34S-17E

Fraction (1/4 1/4 1/4): SW SW SW

County: Montgomery

Location changed to:

3-35S-16E

SW NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

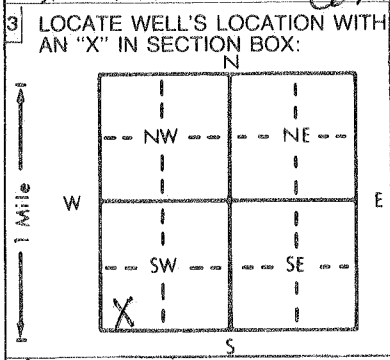
verification method: Wellsite address, city street map, and mapping tool & aerial photos on KGS website.

initials: ERA date: 7/13/2012

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.

1 LOCATION OF WATER WELL: County: Montgomery Fraction: SW 1/4 S W 1/4 SW 1/4 Section Number: 35 Township Number: T 34 S Range Number: R 17 E

Distance and direction from nearest town or city street address of well if located within city?
1612 W 11 COFFEYVILLE KS
 2 WATER WELL OWNER: FUGATE ENTERPRISE / % of CONFEDERATED BUILDERS
 RR#, St. Address, Box #: 1612 W 11
 City, State, ZIP Code: COFFEYVILLE KS 67337
 Board of Agriculture, Division of Water Resource
 Application Number: 503 N BUCKNER DERBY, KS



4 DEPTH OF COMPLETED WELL: 55 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: 1. DRY ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: DRY ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ✓; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes ✓ No _____

5 TYPE OF CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____
 2 PVC 4 ABS 7 Fiberglass NONE Threaded _____
 Blank casing diameter 0 / 1.999 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) NA
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) NA
 SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 10 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>30</u>	<u>BROWN CLAY OVERLAY</u>	<u>55</u>	<u>10</u>	<u>BROWN CLAY</u>
<u>30</u>	<u>55</u>	<u>GRAY SHALE</u>	<u>10</u>	<u>3</u>	<u>BENITE CLAY</u>
			<u>3</u>	<u>0</u>	<u>SILT</u>
		<u>PLUGGED</u>			<u>PLUGGED</u>

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) 4/28/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1501 This Water Well Record was completed on (mo/day/yr) _____ under the business name of CARRIER WATER WELL SERV by (signature) Kenneth M. Callow